

SERFF Tracking Number: ERCA-125337679 State: Arkansas  
 First Filing Company: Employers Reinsurance Corporation, ... State Tracking Number: AR-PC-07-026573  
 Company Tracking Number: 9-CIM-AR-07-02842A-1-F  
 TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations  
 Product Name: Commercial Inland Marine - Filed Classes  
 Project Name/Number: Commercial Inland Marine - Filed Classes /9-CIM-AR-07-02842a-1-F

## Filing at a Glance

Companies: Employers Reinsurance Corporation, Westport Insurance Corporation, North American Elite Insurance Company, North American Specialty Insurance Company

Product Name: Commercial Inland Marine - SERFF Tr Num: ERCA-125337679 State: Arkansas  
 Filed Classes

TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: AR-PC-07-026573

Sub-TOI: 09.0000 Inland Marine Sub-TOI Co Tr Num: 9-CIM-AR-07-02842A- State Status:  
 Combinations 1-F

Filing Type: Form Co Status: Reviewer(s): Betty Montesi,  
 Llyweyia Rawlins, Brittany Yielding

Author: Theresa Cox Disposition Date: 11/02/2007

Date Submitted: 10/28/2007 Disposition Status: Approved

Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal):  
 01/01/2008

## General Information

Project Name: Commercial Inland Marine - Filed Classes

Project Number: 9-CIM-AR-07-02842a-1-F

Reference Organization: AAIS

Reference Title:

Filing Status Changed: 11/02/2007

State Status Changed: 10/29/2007

Corresponding Filing Tracking Number:

Filing Description:

As a result of the recent acquisition of the GEIS Insurance companies by Swiss Re, we are requesting to add North American Specialty Insurance Company (NAS) and North American Elite Insurance Company (NAE) to our multi-tier Commercial Inland Marine program, which already includes Westport Insurance Corporation (WIC) and Employers Reinsurance Corporation (ERC). All forms included in this filing, with the exception of the Signature Page, have been previously approved for use by one or more of the companies in this group. We are aware that there may be more than one version of a form or declaration, but due to system implementation for the different companies, we need to retain all versions for future use.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:



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**Specialist**

5200 Metcalf (913) 255-6931 [Phone]  
 Overland Park, KS 66201 (913) 676-6226[FAX]

**Filing Company Information**

Employers Reinsurance Corporation CoCode: 39845 State of Domicile: Missouri  
 5200 Metcalf Group Code: 181 Company Type:  
 P.O. Box 2991  
 Overland Park, KS 66201-1391 Group Name: State ID Number:  
 (800) 255-6931 ext. [Phone] FEIN Number: 48-0921045

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Westport Insurance Corporation CoCode: 34207 State of Domicile: Missouri  
 5200 Metcalf Group Code: 181 Company Type:  
 P.O. Box 2979  
 Overland Park, KS 66201-1379 Group Name: State ID Number:  
 (800) 241-3470 ext. [Phone] FEIN Number: 13-1941868

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North American Elite Insurance Company CoCode: 29700 State of Domicile: New Hampshire  
 5200 Metcalf, P.O. Box 2979 Group Code: 181 Company Type:  
 Overland Park, KS 66201-1379 Group Name: State ID Number:  
 (800) 255-6931 ext. [Phone] FEIN Number: 13-3440360

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North American Specialty Insurance Company CoCode: 29874 State of Domicile: New Hampshire  
 5200 Metcalf, P.O. Box 2979 Group Code: 181 Company Type:  
 Overland Park, KS 66201-1379 Group Name: State ID Number:  
 (800) 255-6931 ext. [Phone] FEIN Number: 02-0311919

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50 per filing -  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
North American Elite Insurance Company	\$0.00	10/28/2007	
North American Specialty Insurance Company	\$0.00	10/28/2007	
Westport Insurance Corporation	\$50.00	10/28/2007	16356237
Employers Reinsurance Corporation	\$0.00	10/28/2007	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/02/2007	11/02/2007

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## Disposition

Disposition Date: 11/02/2007  
Effective Date (New): 01/01/2008  
Effective Date (Renewal): 01/01/2008  
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
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Common Policy Declarations	Approved	Yes
<b>Form</b>	Common Policy Change Endorsement	Approved	Yes
<b>Form</b>	Schedule of Forms and Endorsements	Approved	Yes
<b>Form</b>	Schedule of Locations	Approved	Yes
<b>Form</b>	Schedule of Taxes, Surcharges or Fees	Approved	Yes
<b>Form</b>	Schedule of Named Insured(s)	Approved	Yes
<b>Form</b>	Commercial Inland Marine Coverage Part Supplemental Declarations	Approved	Yes
<b>Form</b>	Schedule of Taxes, Surcharges or Fees Changes	Approved	Yes
<b>Form</b>	Schedule of Location Changes	Approved	Yes
<b>Form</b>	Installment Schedule	Approved	Yes
<b>Form</b>	Cancellation Endorsement	Approved	Yes
<b>Form</b>	Reinstatement Endorsement	Approved	Yes
<b>Form</b>	Signature Page	Approved	Yes
<b>Form</b>	Disclosure Notice Terrorism Risk Insurance Act of 2002 Rejection of Our Offer Of Coverage	Approved	Yes
<b>Form</b>	Notice Of Available Coverage Under the Terrorism Risk Insurance Act of 2002	Approved	Yes
<b>Form</b>	Notice-Coverage Under the Terrorism Risk Insurance Act of 2002	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Common Policy Declarations	SP 2 172	07/02	0702	Declaration News/Schedule	0.00	SP 2 172 0702.pdf
Approved	Common Policy Change Endorsement	SP 2 173	07/02	0702	Endorsement/Amendment/Conditions	0.00	SP 2 173 0702.pdf
Approved	Schedule of Forms and Endorsements	SP 2 174	07/02	0702	Declaration News/Schedule	0.00	SP 2 174 0702.pdf
Approved	Schedule of Locations	SP 2 175	07/02	0702	Declaration News/Schedule	0.00	SP 2 175 0702.pdf
Approved	Schedule of Taxes, Surcharges or Fees	SP 2 176	07/02	0702	Declaration News/Schedule	0.00	SP 2 176 0702.pdf
Approved	Schedule of Named Insured(s)	SP 2 177	07/02	0702	Declaration News/Schedule	0.00	SP 2 177 0702.pdf
Approved	Commercial Inland Marine Coverage Part Supplemental Declarations	SP 2 199	07/02	0702	Declaration News/Schedule	0.00	SP 2 199 0702.pdf
Approved	Schedule of Taxes, Surcharges or Fees Changes	SP 2 200	07/02	0702	Declaration News/Schedule	0.00	SP 2 200 0702.pdf
Approved	Schedule of Location Changes	SP 2 201	07/02	0702	Declaration News/Schedule	0.00	SP 2 201 0702.pdf
Approved	Installment Schedule	SP 2 202	07/02	0702	Declaration News/Schedule	0.00	SP 2 202 0802.pdf
Approved	Cancellation	SP 2 224	08/02		Endorsement New	0.00	SP 2 224

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	Endorsement	0802		nt/Amendm ent/Condi ons			0802.pdf
Approved	Reinstatement Endorsement	SP 2 225 0802	08/02	Endorseme New nt/Amendm ent/Condi ons		0.00	SP 2 225 0802.pdf
Approved	Signature Page	SP 3 881 0307	03/07	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #: SP 2 277 0906- WIC/ SP 2 252 0906 - ERC Previous Filing #:	0.00	SP 3 881 0307.pdf
Approved	Disclosure Notice Terrorism Risk Insurance Act of 2002 Rejection of Our Offer Of Coverage	DN- TERROR- REJECT	11/02	Endorseme New nt/Amendm ent/Condi ons		0.00	DN-Terror- Reject 1102.pdf
Approved	Notice Of Available Coverage Under the Terrorism Risk Insurance Act of 2002	SP 2 461 1202	12/02	Disclosure/ New Notice		0.00	SP 2 461 1202.pdf
Approved	Notice-Coverage Under the Terrorism Risk Insurance Act of 2002	SP 2 460 1202	12/02	Disclosure/ New Notice		0.00	SP 2 460 1202.pdf





**[Insert Company Name Here]**

**Policy Number**

**THIS ENDORSEMENT CHANGES THE POLICY  
PLEASE READ IT CAREFULLY  
COMMON POLICY CHANGE ENDORSEMENT**

Endorsement No.

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

**COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by  below.**

- Commercial Property
- Commercial General Liability
- Commercial Crime
- Commercial Inland Marine
- 
- 

The following item(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Insured's Name                        | <input type="checkbox"/> Insured's Mailing Address                  |
| <input type="checkbox"/> Policy Number                         | <input type="checkbox"/> Company                                    |
| <input type="checkbox"/> Effective/Expiration Date             | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan                          | <input type="checkbox"/> Premium Determination                      |
| <input type="checkbox"/> Additional Interested Parties         | <input type="checkbox"/> Coverage Forms and Endorsements            |
| <input type="checkbox"/> Limits/Exposures                      | <input type="checkbox"/> Deductibles                                |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes                 |
| <input type="checkbox"/> Rates                                 | <input type="checkbox"/> Underlying Exposure Insurance              |

Is (are) changed to read **(See Additional Page(s))**

The above amendments result in a change in the premium as follows:

**This premium does not include taxes and surcharges**

<input type="checkbox"/> No	<input type="checkbox"/> To be Adjusted at	Additional	Return
-----------------------------	--	------------	--------

**Tax and Surcharge Changes**

Countersigned By:

\_\_\_\_\_  
AUTHORIZED AGENT

**Policy Number**

**COMMON POLICY CHANGE ENDORSEMENT**

Endorsement No.

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

**POLICY CHANGE ENDORSEMENT DESCRIPTION (CONT'D)**

**REMOVAL PERMIT**

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the coverage part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

***[Insert Company Name Here]***

**Policy Number**

**SCHEDULE OF FORMS AND ENDORSEMENTS**

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

**[Insert Company Name Here]**

**Policy Number**

**SCHEDULE OF LOCATIONS**

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, Zip Code)	Occupancy

***[Insert Company Name Here]***

**Policy Number**

**SCHEDULE OF TAXES, SURCHARGES OR FEES**

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

*[Insert Company Name Here]*

**Policy Number**

**SCHEDULE OF NAMED INSURED(S)**

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

***[Insert Company Name Here]***

**Policy Number**

**COMMERCIAL INLAND MARINE COVERAGE PART  
SUPPLEMENTAL DECLARATIONS**

Named Insured:

Effective Date:

12:01 A.M., Standard Time

Agent Name:

Agent No.:

**Item 1.** Business Description:

**Item 2.** Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of use:

**See Schedule of Forms and Endorsements**

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

**SP 2 199 0702**

***[Insert Company Name Here]***

**Policy Number**

**SCHEDULE OF TAXES, SURCHARGES OR FEES CHANGES**

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

**[Insert Company Name Here]**

**Policy Number**

**SCHEDULE OF LOCATIONS CHANGES**

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, Zip Code)	Occupancy

**[Insert Company Name Here]**

**Policy Number**

**INSTALLMENT SCHEDULE**

Named Insured

Effective Date:  
12:01 A.M., Standard Time

Agent Name

Agent No.

**DUE**

**PREMIUM**

**SURCHARGE**

**REVISED  
INSTALLMENT TOTAL**

Failure to pay the Installment Premium by the Date Due shown shall constitute non-payment of premium for which we may cancel this policy.

**[Insert Company Name Here]**

**Policy Number**

**THIS ENDORSEMENT CHANGES THE POLICY  
PLEASE READ IT CAREFULLY**

**CANCELLATION ENDORSEMENT**

Endorsement No.

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

**COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by  below.**

- Commercial Property
- Commercial General Liability
- Commercial Crime
- Commercial Inland Marine
- 
- 

The above amendments result in a change in the premium as follows:

**This premium does not include taxes and surcharges**

<input type="checkbox"/> No	<input type="checkbox"/> To be Adjusted at	Additional	Return
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**Tax and Surcharge Changes**

Countersigned By:

\_\_\_\_\_  
AUTHORIZED AGENT

**[Insert Company Name Here]**

**Policy Number**

**THIS ENDORSEMENT CHANGES THE POLICY  
PLEASE READ IT CAREFULLY**

**REINSTATEMENT ENDORSEMENT**

Endorsement No.

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

Reinstatement must be effective on the date of cancellation.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

**COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by  below.**

- Commercial Property
- Commercial General Liability
- Commercial Crime
- Commercial Inland Marine
- 
- 

The following item(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Insured's Name                        | <input type="checkbox"/> Insured's Mailing Address                  |
| <input type="checkbox"/> Policy Number                         | <input type="checkbox"/> Company                                    |
| <input type="checkbox"/> Effective/Expiration Date             | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan                          | <input type="checkbox"/> Premium Determination                      |
| <input type="checkbox"/> Additional Interested Parties         | <input type="checkbox"/> Coverage Forms and Endorsements            |
| <input type="checkbox"/> Limits/Exposures                      | <input type="checkbox"/> Deductibles                                |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes                 |
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Is (are) changed to read **(See Additional Page(s))**

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**This premium does not include taxes and surcharges**

<input type="checkbox"/> No	<input type="checkbox"/> To be Adjusted at	Additional	Return
-----------------------------	--	------------	--------

**Tax and Surcharge Changes**

Countersigned By:

\_\_\_\_\_  
AUTHORIZED AGENT

**In Witness Whereof, the issuing Company has caused this policy to be signed officially below.**

***Facsimile signature to be inserted***

---

President

***Facsimile signature to be inserted***

---

Secretary

---

***[Insert Company Name Here]***

***[Insert Company Name Here]***

**Policy Number**

**DISCLOSURE NOTICE  
TERRORISM RISK INSURANCE ACT OF 2002  
REJECTION OF OUR OFFER OF COVERAGE**

Named Insured:

Effective Date:

12:01 A.M., Standard Time

Agent Name:

Agent No.:

You have rejected our offer of coverage for certified acts of terrorism, as defined in and certified under the Terrorism Risk Insurance Act of 2002. Therefore, this policy does not provide such coverage. This policy contains one or more exclusions that apply to certified acts of terrorism.

If you were not made aware of our offer of coverage for certified acts of terrorism, or believe that this notice was included in this policy in error, please notify your agent or broker immediately.

**NOTICE OF AVAILABLE COVERAGE UNDER THE TERRORISM RISK INSURANCE ACT OF 2002**

**– IMPORTANT –  
THIS NOTICE DISCUSSES A DECISION  
YOU MUST MAKE ON COVERAGE FOR ACTS OF TERRORISM**

DATE OF ACT: **November 26, 2002**

NAMED INSURED:

LINES OF COVERAGE:

PREMIUM FOR COVERAGE FOR AN “ACT OF TERRORISM”:

The tragic events of September 11, 2001 have impacted our country in many ways. The insurance industry responded immediately to these events, and has provided billions of dollars of payments. However, the possibility of future attacks has created what Congress describes as an “unprecedented financial risk” with a significant impact on the economy. As a result, Congress passed the Terrorism Risk Insurance Act of 2002 (The Act). This Notice informs you of your rights and obligations under the Act.

**WHAT IS AN “ACT OF TERRORISM”?**

- An “act of terrorism” is defined as:

Any act that is certified by the Secretary of the Treasury in concurrence with the Secretary of State and the Attorney General of the United States pursuant to the Act:

- (1) To be an act of terrorism;
- (2) To be a violent act or an act that is dangerous to (a) human life; (b) property; or (c) infrastructure;
- (3) To have resulted in damage within the United States, or outside the United states in the case of certain aircraft or vessels, or on the premises of a US mission; and
- (4) To have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest as part of an effort to coerce the civilian populations of the US or to influence the policy or affect the conduct of the US Government by coercion.

- No act will be certified as an “act of terrorism” if:

- (1) It does not meet the above criteria;
- (2) The act is committed as part of the course of war declared by Congress (other than with respect to Workers’ Compensation);
- (3) Property and casualty losses resulting from the act, in the aggregate, do not exceed \$5,000,000.

As used in this Notice, the phrases “act of terrorism” or “acts of terrorism,” when set out in quotation marks, are to be construed as defined above.

## WHAT IS AN "INSURED LOSS"?

An **"insured loss"** is any loss (other than amounts attributable to punitive damages) that is caused by an **"act of terrorism"** (including an act of war, in the case of workers' compensation) if such loss:

- (1) occurs within the United States,
- (2) occurs to an air carrier (as defined in 49 U.S.C. § 40102), to a U.S. flag vessel (or a vessel based principally in the U.S., on which U.S. income tax is paid and whose insurance coverage is subject to regulation in the U.S.), or
- (3) occurs at the premises of any U.S. mission.

As used in this Notice, the phrases "insured loss" or "insured losses," when set out in quotation marks, are to be construed as defined above.

## THE FEDERAL GOVERNMENT'S SHARE OF PAYMENTS FOR "INSURED LOSS"

Under the Act, the Federal government will reimburse us for 90% of our payments due to "insured losses" (excluding any amounts attributable to punitive damages) in excess of a deductible until the total payments made by all insurers for "insured loss" reaches \$100 billion. Our deductible will be:

- A. 1% of our 2001 direct earned premium for "insured loss" that occurs during the period beginning 26 November 2002 and ending on 31 December 2002, and
- B. 7% of our 2002 direct earned premium for "insured loss" that occurs during 2003, and
- C. 10% of our 2003 direct earned premium for "insured loss" that occurs during 2004.

Other deductibles will apply to insured losses that occur during subsequent years in which the program is in effect. For purposes of determining such deductibles, "direct earned premium" means only the premiums earned on the commercial lines of property and casualty insurance covered by the Act for U.S. risks or vessels, aircraft and foreign missions outside the U.S. covered by the Act.

If total "insured losses" of all property and casualty insurers reach \$100 billion during the period beginning on November 26, 2002 and ending on December 31, 2003, (or in any subsequent year in which the program is in effect) we will not be liable under our policies for our portion of such losses that exceed such amount. The amounts we pay to you under your policy may be reduced as a result. In addition, we may reserve our rights when we make payments to you, and we may require an undertaking from you to return any overpayment to us.

## WHAT MUST YOU DO?

**As required by the Act, this Notice constitutes an offer of coverage for losses arising out of an "act of terrorism" and presents our premium charge for that coverage.**

**You must decide whether you wish to purchase the coverage for losses you might have arising out of or resulting from an "act of terrorism." The amount of premium you must pay for adding this coverage is shown above. If you decide to purchase terrorism coverage you must notify us of your decision at the time of binding the remainder of coverage.**

## NOTICE - COVERAGE UNDER THE TERRORISM RISK INSURANCE ACT OF 2002

NAMED INSURED:

LINES OF COVERAGE:

The tragic events of September 11, 2001 have impacted our country in many ways. The insurance industry responded immediately to these events, and has provided billions of dollars of payments. However, the possibility of future attacks has created what Congress describes as an “unprecedented financial risk” with a significant impact on the economy. As a result, Congress passed the Terrorism Risk Insurance Act of 2002 (The Act). This Notice informs you of your rights under the Act.

### WHAT IS AN “ACT OF TERRORISM”?

- An “act of terrorism” is defined as:

Any act that is certified by the Secretary of the Treasury in concurrence with the Secretary of State and the Attorney General of the United States pursuant to the Act:

- (1) To be an act of terrorism;
- (2) To be a violent act or an act that is dangerous to (a) human life; (b) property; or (c) infrastructure;
- (3) To have resulted in damage within the United States, or outside the United states in the case of certain aircraft or vessels, or on the premises of a US mission; and
- (4) To have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest as part of an effort to coerce the civilian populations of the US or to influence the policy or affect the conduct of the US Government by coercion.

- No act will be certified as an “act of terrorism” if:

- (1) It does not meet the above criteria;
- (2) The act is committed as part of the course of war declared by Congress (other than with respect to Workers’ Compensation);
- (3) Property and casualty losses resulting from the act, in the aggregate, do not exceed \$5,000,000.

As used in this Notice, the phrases “act of terrorism” and “acts of terrorism,” when set out in quotation marks, are to be construed as defined above.

## WHAT IS AN "INSURED LOSS"?

An "**insured loss**" is any loss (other than amounts attributable to punitive damages) that is caused by an "**act of terrorism**" (including an act of war, in the case of workers' compensation) if such loss:

- (1) occurs within the United States,
- (2) occurs to an air carrier (as defined in 49 U.S.C. § 40102), to a U.S. flag vessel (or a vessel based principally in the U.S., on which U.S. income tax is paid and whose insurance coverage is subject to regulation in the U.S.), or
- (3) occurs at the premises of any U.S. mission.

As used in this Notice, the phrases "insured loss" or "insured losses," when set out in quotation marks, are to be construed as defined above.

## THE FEDERAL GOVERNMENT'S SHARE OF PAYMENTS FOR "INSURED LOSS"

Under the Act, the Federal government will reimburse us for 90% of our payments due to "insured losses" (excluding any amounts attributable to punitive damages) in excess of a deductible until the total payments made by all insurers for "insured loss" reaches \$100 billion. Our deductible will be:

- A. 1% of our 2001 direct earned premium for "insured loss" that occurs during the period beginning 26 November 2002 and ending on 31 December 2002, and
- B. 7% of our 2002 direct earned premium for "insured loss" that occurs during 2003, and
- C. 10% of our 2003 direct earned premium for "insured loss" that occurs during 2004.

Other deductibles will apply to insured losses that occur during subsequent years in which the program is in effect. For purposes of determining such deductibles, "direct earned premium" means only the premiums earned on the commercial lines of property and casualty insurance covered by the Act for U.S. risks or vessels, aircraft and foreign missions outside the U.S. covered by the Act.

If total "insured losses" of all property and casualty insurers reach \$100 billion during the period beginning on November 26, 2002 and ending on December 31, 2003, (or in any subsequent year in which the program is in effect) we will not be liable under our policies for our portion of such losses that exceed such amount. The amounts we pay to you under your policy may be reduced as a result. In addition, we may reserve our rights when we make payments to you, and we may require an undertaking from you to return any overpayment to us.

## **HOW DOES THE ACT AFFECT INSURANCE COVERAGE?**

- **As required by the Act, this Notice constitutes notice to you of the existence of the Act, and the payments which will be made from the Federal Government if there is a certified “act of terrorism.”**
- **Should you choose to bind coverage, your policy of insurance would be issued without a terrorism exclusion attached and there would be no additional premium attributable to coverage for certified “acts of terrorism.”**
- **In the time between inception of coverage and the next renewal we will examine and refine our treatment of terrorism under your policy. This means that you may or may not have the same terms offered to you upon renewal and that the premium charged may or may not reflect alteration based upon the terrorism exposure.**

*SERFF Tracking Number:* ERCA-125337679      *State:* Arkansas  
*First Filing Company:* Employers Reinsurance Corporation, ...      *State Tracking Number:* AR-PC-07-026573  
*Company Tracking Number:* 9-CIM-AR-07-02842A-1-F  
*TOI:* 09.0 Inland Marine      *Sub-TOI:* 09.0000 Inland Marine Sub-TOI Combinations  
*Product Name:* Commercial Inland Marine - Filed Classes  
*Project Name/Number:* Commercial Inland Marine - Filed Classes /9-CIM-AR-07-02842a-1-F

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: ERCA-125337679 State: Arkansas  
First Filing Company: Employers Reinsurance Corporation, ... State Tracking Number: AR-PC-07-026573  
Company Tracking Number: 9-CIM-AR-07-02842A-1-F  
TOI: 09.0 Inland Marine Sub-TOI: 09.0000 Inland Marine Sub-TOI Combinations  
Product Name: Commercial Inland Marine - Filed Classes  
Project Name/Number: Commercial Inland Marine - Filed Classes /9-CIM-AR-07-02842a-1-F

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 11/02/2007

**Comments:**

**Attachment:**

ARTransmittal-Forms.pdf



**Property & Casualty Transmittal Document—**

<b>20. This filing transmittal is part of Company Tracking #</b>	9-CIM-AR-07-02842a-1-F
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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As a result of the recent acquisition of the GEIS Insurance companies by Swiss Re, we are requesting to add North American Specialty Insurance Company (NAS) and North American Elite Insurance Company (NAE) to our multi-tier Commercial Inland Marine program, which already includes Westport Insurance Corporation (WIC) and Employers Reinsurance Corporation (ERC). All forms included in this filing, with the exception of the Signature Page, have been previously approved for use by one or more of the companies in this group. We are aware that there may be more than one version of a form or declaration, but due to system implementation for the different companies, we need to retain all versions for future use.

We have authorized AAIS to file on our behalf. It is our intent to use AAIS forms as well as the independent forms that are being filed in this filing. Therefore, in this filing we are filing to adopt all AAIS forms. We would also like to file the independent forms listed on the attached forms summaries for WIC, ERC, NAS and NAE. We are filing a revised Signature Page, SP 3 881 0307, for WIC and ERC that will replace our previously approved Signature Pages SP 2 277 0906 and SP 3 252 0906.

As a result of this filing, we are withdrawing the Commercial Inland Marine forms listed on the attached withdrawn forms summary. Due to the number of forms being withdrawn, we are attaching a summary that is to become part of this filing.

We recently advised your department of the proposed merger of Westport Insurance Corporation (WIC) with and into Employers Reinsurance Corporation (ERC), affiliated Missouri-domiciled insurers both licensed to do business in Arkansas. ERC is the direct parent of WIC. The expected effective date of the merger is January 1, 2008; and ERC, the surviving entity, will change its name to Westport Insurance Corporation.

While Inland Marine filings have been in place for some time for both ERC and WIC, we have only used WIC to issue policies. Accordingly, ERC has no current Inland Marine policyholders. We expect there to be no material impact to our current policyholders, and notices or endorsements, as required, will inform policyholders of the merger and change of the ERC company name to WIC. All of the forms contained in this filing are exactly the same for WIC and ERC, and the rates contained in the companion rate/rule filing are identical for both companies. Attached are copies of the forms being filed for approval. As the same forms will be used by all four companies, the company name has been left off the previously approved forms. The appropriate company name will be printed on the forms when issued.

This filing is being submitted under the prior approval provisions. We respectfully request an effective date of January 1, 2008.

<b>22. Filing Fees</b> (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]
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**Check #:** SERFF EFT  
**Amount:** \$50.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

NORTH AMERICAN SPECIALTY INSURANCE COMPANY		
NORTH AMERICAN ELITE INSURANCE COMPANY		
COMMERCIAL INLAND MARINE		
ARKANSAS FORMS SUMMARY FILED CLASSES		
Form Number	Form Title	Replaced Form Number
SP 2 172 0702	Common Policy Declarations	
SP 2 173 0702	Common Policy Change Endorsement	
SP 2 174 0702	Schedule of Forms and Endorsements	
SP 2 175 0702	Schedule of Locations	
SP 2 176 0702	Schedule of Taxes, Surcharges or Fees	
SP 2 177 0702	Schedule of Named Insured(s)	
SP 2 199 0702	Commercial Inland Marine Coverage Part Supplemental Declarations	
SP 2 200 0702	Schedule of Taxes, Surcharges or Fees Changes	
SP 2 201 0702	Schedule of Location Changes	
SP 2 202 0802	Installment Schedule	
SP 2 224 0802	Cancellation Endorsement	
SP 2 225 0802	Reinstatement Endorsement	
SP 3 881 0307	Signature Page	
SP 2 461 1202	Notice Of Available Coverage Under the Terrorism Risk Insurance Act of 2002	
SP 2 460 1202	Notice-Coverage Under the Terrorism Risk Insurance Act of 2002	
DN-TERROR-REJECT	Disclosure Notice Terrorism Risk Insurance Act of 2002 Rejection of Our Offer Of Coverage	

**WESTPORT INSURANCE CORPORATION**  
**EMPLOYERS REINSURANCE CORPORATION**  
**COMMERCIAL INLAND MARINE**  
**ARKANSAS FILED FORMS SUMMARY**

Form Number	Form Title	Replaced Form Number
SP 3 881 0307	Signature Page	SP 2 277 0906- WIC SP 2 252 0906 - ERC

**NORTH AMERICAN SPECIALTY INSURANCE COMPANY  
COMMERCIAL INLAND MARINE  
ARKANSAS FILED CLASSES WITHDRAWN FORMS SUMMARY**

<b>Form Number</b>	<b>Form Title</b>
NAS-AR-DEC (01/01)	Accounts Receivable Coverage Form Declarations
NAS-CAM-DEC (01/01)	Commercial Articles Coverage Form Declarations
NAS-PSE-DEC (01/01)	Physicians and Surgeons Equipment Coverage Form Declarations
NAS-SI-DEC (01/01)	Sign Coverage Form Declarations
NAS-TD-DEC (01/01)	Theatrical Property Coverage Form Declarations
NAS-VP-DEC (01/01)	Valuable Papers Coverage Form Declarations

<b>NORTH AMERICAN ELITE INSURANCE COMPANY</b>	
<b>COMMERCIAL INLAND MARINE</b>	
<b>ARKANSAS FILED CLASSES WITHDRAWN FORMS SUMMARY</b>	
<b>Form Number</b>	<b>Form Title</b>
NAE-SI-DEC (06/00)	Sign Coverage Form Declarations
NAE-CAM-DEC (06/00)	Commercial Articles Coverage Form Declarations
NAE-AR-DEC (06/00)	Accounts Receivable Coverage Form Declarations
NAE-VP-DEC (06/00)	Valuable Papers Coverage Form Declarations
NAS-PSE-DEC (01/01)	Physicians and Surgeons Equipment Coverage Form Declarations
NAE-TD-DEC (06/00)	Theatrical Property Coverage Form Declarations