

SERFF Tracking Number: REGU-125364351 State: Arkansas  
First Filing Company: Axis Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: AXIS-PPF-07  
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: AXIS Additional Premier Property Forms Filing  
Project Name/Number: /

## Filing at a Glance

Companies: Axis Insurance Company, Axis Reinsurance Company

Product Name: AXIS Additional Premier SERFF Tr Num: REGU-125364351 State: Arkansas

Property Forms Filing

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Co Tr Num: AXIS-PPF-07

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: Jeremy Battles

Disposition Date: 11/20/2007

Date Submitted: 11/19/2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 11/20/2007

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 11/20/2007

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/20/2007

State Status Changed: 11/20/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Axis Insurance Company (AIC) and Axis Reinsurance Company (ARC) are submitting 2 additional independent forms for use with their current Premier Property program. These forms should have been included in AIC's and ARC's recent additional Premier Property forms filing, which was approved on July 25, 2007 under file # AR-PC-07-025232.

The corresponding rules for the 2 forms being filed were not required to be submitted.

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Enclosed for your review:

- Required State Filing Forms
- Form XSA0803-002 - AXIS Following Form Excess
- Form AXIS NON-US TERRORISM EXCLUSION 01 07 – Exclusion of Terrorism Losses Outside the United States

An EFT in the amount of \$50.00 has been initiated to cover the required filing fee.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - insuranceregulatoryconsultantsllc)  
 Jeremy Battles, Senior Analyst jeremybattles@ircllc.com  
 50 Broad Street (212) 571-3989 [Phone]  
 New York, NY 10004 () -[FAX]

### Filing Company Information

Axis Insurance Company	CoCode: 37273	State of Domicile: Illinois
50 Broad Street	Group Code: 3416	Company Type:
Suite 501		
New York, NY 10004	Group Name:	State ID Number:
(212) 571-3989 ext. [Phone]	FEIN Number: 39-1338397	
	-----	

Axis Reinsurance Company	CoCode: 20370	State of Domicile: New York
430 Park Avenue	Group Code: 3416	Company Type:
15th Floor		
New York, NY 10022	Group Name:	State ID Number:
(212) 715-3500 ext. [Phone]	FEIN Number: 51-0434766	
	-----	

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00

*SERFF Tracking Number:*      *REGU-125364351*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Axis Insurance Company, ...*                      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *AXIS-PPF-07*  
*TOI:*                      *01.0 Property*                      *Sub-TOI:*                      *01.0001 Commercial Property (Fire and Allied Lines)*  
  
*Product Name:*                      *AXIS Additional Premier Property Forms Filing*  
*Project Name/Number:*                      */*  
  
**Retaliatory?**                      **No**  
**Fee Explanation:**                      **\$50 per filing.**  
**Per Company:**                      **No**

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Axis Reinsurance Company	\$0.00	11/19/2007	
Axis Insurance Company	\$50.00	11/19/2007	16720578

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/20/2007	11/20/2007

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## Disposition

Disposition Date: 11/20/2007  
Effective Date (New): 11/20/2007  
Effective Date (Renewal): 11/20/2007  
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	Filing Authorization Letters	Approved	Yes
Form	AXIS Following Form Excess	Approved	Yes
Form	Exclusion of Terrorism Losses Outside the United States	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	AXIS Following Form Excess	XSA0803-002		Policy/Coverage New Form		0.00	XSA0803-002 Excess Follow Form.pdf
Approved	Exclusion of Terrorism Losses Outside the United States	AXIS NON-US TERRORISM EXCLUSION 01 07	01 07	Endorsement/Amendment/Conditions New		0.00	AXIS NON-US TERRORISM EXCLUSION 01 07.pdf

**AXIS Following Form Excess**

**A. INSURING AGREEMENT**

The insurance provided by this Policy shall be subject to the same terms and conditions (except as regards premiums, limits of liability and the following conditions) as the Primary Insurer(s) \_\_\_\_\_, Policy Number \_\_\_\_\_ (hereinafter referred to as the Primary Coverage), a copy of which is on file with this Company.

**B. PREMIUM AND TOTAL INSURABLE VALUE PROVISIONS**

This Policy is issued for and in consideration of a total premium of \$ \_\_\_\_\_, due and payable as of the inception date of this Policy. For the purpose of premium computation, this Policy is issued based on total account values of \$ \_\_\_\_\_.

**C. LIMITS OF LIABILITY**

This Company shall not be liable for more than its pro rata proportion of:

\$	Being	%	Of	\$	Excess of	\$
In any one loss occurrence.						
However, as respects Flood and Earthquake, this Policy shall not be liable in any one loss occurrence for more than its proportion of:						
<b>Flood:</b>						
\$	Being	%	Of	\$	Excess of	\$
In any one policy year resulting from the peril of Flood not to exceed:						
\$	Being	%	Of	\$	Excess of	\$
In any one policy year resulting from the peril of Flood in Zones prefixed by A-V as defined by FEMA						
<b>Earthquake:</b>						
\$	Being	%	Of	\$	Excess of	\$
In any one policy year resulting from the peril of Earthquake not to exceed:						
\$	Being	%	Of	\$	Excess of	\$
In any one policy year resulting from the peril of Earthquake in the state of California.						

The aggregate liability of this Company for loss or damage arising out of all loss occurrences from flood or earthquake in any one policy year, commencing with the inception date or an anniversary date of this Policy, shall not exceed the applicable limit of liability pertaining to flood or earthquake as shown above.

It is specifically agreed that the amount of covered loss from any one occurrence for which this Policy applies shall be determined by the combined loss, damage and/or expense payable under the Primary Coverages and any lower level excess insurance. No liability shall attach under this Policy until and only after the Primary Insurer has paid the full amount of the Primary Coverage and all other lower level excess insurers have paid the full amount of lower level excess insurers' limit of liability, plus any deductible which might be borne by the Insured through operation of any deductible clause in the primary insurance. Any recovery made under this underlying insurance shall apply first to loss to property and coverages not insured under this policy and thereafter to loss to property and coverages insured under this policy.

Upon exhaustion of the limits of insurance under the Primary Coverages and any lower level excess insurance, this Policy shall apply to the amount of loss in excess of those limits, but only as respects property and coverages insured under this Policy. There shall be no recovery under this policy for any coverage subject to a sublimit by the Primary Insurer or any lower level excess insurer unless specifically described herein.

Notwithstanding anything to the contrary in the provisions of this Policy and if the perils of flood and earthquake are provided by this Policy, in the event of reduction or exhaustion of the flood or earthquake aggregate limit or limits of insurance designated in the Primary Coverage and any lower excess insurance, this Policy shall apply in excess of the reduced or exhausted flood or earthquake aggregate limit or limits of insurance.

#### **D. BANKRUPTCY, INSOLVENCY OR UNCOLLECTIBILITY OF UNDERLYING INSURANCE**

In the event of the bankruptcy or insolvency, or other financial impairment, of any underlying insurer(s), this Company shall not be liable for the obligations of the underlying insurer(s). This insurance shall apply as if the underlying insurance were valid and collectible. This insurance shall not replace such underlying insurance. The risk of uncollectibility (in whole or in part) of any other insurance, whether because of financial impairment or insolvency of any underlying or other insurer or for any other reason is expressly retained by the Insured and is not in any way or under any circumstances insured or assumed by this Company.

#### **E. CONDITIONS**

**1. MAINTENANCE OF PRIMARY COVERAGE:** It is a condition of this Policy that the Primary Coverage referred to above shall be maintained in full force and effect during the currency of this Policy. Such policy may, without prejudice to this insurance, be replaced or renewed by another policy or other policies issued by the same or other insurers, but such replacement or renewal policy/ policies shall be written under the same terms and conditions of said Primary Coverage.

**2. REPORTS CLAUSE:** The Insured agrees to maintain an accurate record of all property at risk hereunder which record shall be open to inspection by duly authorized representatives of this Company at all reasonable times during business hours.

**3. PERMISSION FOR EXCESS INSURANCE:** The Insured is given permission to purchase insurance in Excess over the limits provided herein.

**4. PERMISSION FOR UNDERLYING INSURANCE:** The Insured is given permission to purchase underlying insurance and this agreement shall be excess of and not contribute in any way with such underlying insurance. This agreement shall attach only after such underlying insurance has been exhausted and then shall cover only such loss by a peril insured against on property covered hereunder.

**5. SUBSTITUTION OF TERMS AND CONDITIONS:** Regardless of whether this Policy is attached to another policy, the terms and conditions of this Policy and endorsements attached thereto shall determine the coverage afforded by this policy.

**6. CONCEALMENT AND FRAUD:** This Policy is void if any Insured has intentionally concealed or misrepresented any material fact or circumstance relating to this insurance.

**7. NOTICE OF OCCURRENCE:** Whenever the Insured has information from which the Insured may reasonably conclude that a loss has occurred, which might result in a payment under the terms of this Policy, notice shall be sent to this Company, Attention Claims Dept., 11680 Great Oaks Way, 4<sup>th</sup> Floor, Alpharetta, GA 30022. as soon as practicable, provided, however, that failure to give notice of any such loss which at the time of its happening did not appear to involve this policy, but which at a later date would appear to give rise to a claim hereunder, shall not prejudice such claim. These circumstances notwithstanding, such notice of occurrence should be provided by the Insured to this Company within 60 days of such occurrence.

**8. POLLUTION EXCLUSION:** This Policy does not insure against loss, cost or expense to covered property caused by:

a) the actual, alleged or threatened release, discharge, or dispersal of toxic or hazardous substances, Contaminants or Pollutants, all whether direct or indirect, proximate or remote or in whole or in part caused by, contributed to or aggravated by any physical damage insured by this policy;

b) any government or regulatory directive or request that the Insured or anyone acting under the Insured's direction or control test for, monitor, clean up, remove, contain, treat, detoxify or neutralize any toxic hazardous substances, Contaminants or Pollutants.

**Contaminants and Pollutants** means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

**9. CYBER EXCLUSION:** It is agreed the following is excluded:

**A. Virus** – A virus, harmful code or similar instruction introduced into or enacted on a computer system (including electronic data) or a network to which it is connected, designed to damage or destroy any part of the system or disrupt its normal operation.

**B. Computer Manipulation** – Loss or damage caused by or resulting from manipulation of a computer system (including electronic data) by any employee, including a temporary or leased employee, or by any entity retained by you or for you to inspect, design, install, modify, maintain, repair or replace that system.

The following exclusion is added to the **Time Element Coverages in this policy**, if the coverage applies:

Coverage for Business Income, Extra Expense or other Time Element Coverage does not apply when a suspension of operations is caused by a virus or computer manipulation as defined above.

Electronic data means information, facts or computer programs stored as or on, created or used on, or transmitted to or from computer software (including systems and applications software), on hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other repositories of computer software which are used with electronically controlled equipment. The term computer programs, referred to in the foregoing description of electronic data, means a set of related electronic instructions which direct the operations and functions of a computer or device connected to it, which enable the computer or device to receive process, store, retrieve or send data.

**10. DATE RECOGNITION EXCLUSION:**

- A. This Company will not pay for damage or consequential loss directly or indirectly caused by, consisting of, or arising from, the failure of any computer, data processing equipment, media microchip, operating systems, microprocessors (computer chip), integrated circuit or similar device, or any computer software, whether the property of the Insured or not, and whether occurring before, during or after the year 2000 that results from the inability to:
1. Correctly recognize any date as its true calendar date;
  2. Capture, save, or retain, and/or correctly manipulate, interpret or process any data or information or command or instruction as a result of treating any date other than its true calendar date; and/or
  3. Capture, save, retain or correctly process any data as a result of the operation of any command which has been programmed into any computer software, being a command which causes the loss of data or the inability to capture, save, retain, or correctly process such data on or after any date.
- B. It is further understood that the Insurer will not pay for the repair or modification of any part of an electronic data processing system or its related equipment, to correct deficiencies or features of logic or operation.
- C. It is further understood that the Insurer will not pay for Damage or Consequential Loss arising from the failure, inadequacy, or malfunction of any advice, consultation, design, evaluation, inspection, installation, maintenance, repair or supervision done by the Insured or for the Insured or by or for others to determine, rectify or test, any potential or actual failure, malfunction or inadequacy described in A. above.

Such Damage or Consequential Loss described in A, B, or C above, is excluded regardless of any other cause that contributed concurrently or in any other sequence.

This provision shall not exclude subsequent Damage or Consequential Loss, not otherwise excluded, which itself results from an insured peril. Insured peril shall mean fire, lightning, explosion aircraft or vehicle impact, falling objects, windstorm, hail, tornado, hurricane, cyclone, riot, strike, civil commotion, vandalism, malicious mischief, earthquake, volcano, tsunami, freeze or weight of snow.

**11. EXCLUSION - Mold, Fungi, Wet or Dry Rot and Bacteria**

This policy does not cover:

- A. Loss or damage caused directly or indirectly by mold or other fungi, wet or dry rot, or bacteria;
- B. The costs associated with the enforcement of any ordinance or law which requires the Insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to or assess the effects of mold or other fungi, wet or dry rot, or bacteria;
- C. Any costs, expenses, fines or penalties incurred or sustained by or imposed on the Insured at the order of any government agency, court or other authority arising from any cause whatsoever; or

This mold or other fungi, wet or dry rot, or bacteria exclusion applies whether or not the loss event results in widespread damage or affects a substantial area.

**DEFINITIONS**

- A. Mold or other fungi means:
1. any type or form of mold or mildew;
  2. any other type or form of fungus; or
  3. any mycotoxin, spore, scent or byproduct that is produced or released by such mold, mildew or other fungus.
- B. Bacteria means:
1. any type or form of bacterium; or
  2. any byproduct that is produced or released by such bacterium.

**ATTACHMENT OF COVERAGE**

For the purpose of attachment of coverage, mold or other fungi, or bacteria as defined and excluded by this endorsement, and wet or dry rot as excluded by this endorsement, but covered by any Underlying Insurance, will not affect the terms and conditions of this policy. Nor shall such mold or other fungi, wet or dry rot, or bacteria loss covered or payable under any Underlying Insurance be recognized by this policy as eroding or exhausting the limit(s) of such Underlying Insurance.

**12. CANCELLATION CLAUSE:** This Policy may be canceled at any time at the request of the Insured or by the Company giving sixty (60) days written notice of intent to cancel, except, however, in the event of cancellation for nonpayment of premiums, the Company shall give ten (10) days written notice of intent to cancel the policy and

- A. if canceled at the request of the Insured, the earned premium due this Company for the term the policy has been in force shall be computed using the customary short rate tables.
- B. If canceled by the Company, the return premium due the Insured shall be computed on a pro rate basis.
- C. Notice of Cancellation mailed to the Insured at the last known mailing address known by the Company shall be sufficient proof of notice.

<b>Named Insured</b>		<b>Endorsement Number</b>
<b>Policy Number</b>	<b>Policy Period</b>	<b>Effective Date of Endorsement</b>
<b>Issued by</b>		

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

**EXCLUSION OF TERRORISM LOSSES OUTSIDE THE UNITED STATES**

A. The following exclusion is added:

We will not pay for loss or damage to property outside the fifty (50) states of the United States and the District of Columbia caused directly or indirectly by an "other act of terrorism", including action in hindering or defending against an actual or expected incident of an "other act of terrorism". Nor will we pay for any loss, damage, cost, claim or expense directly or indirectly arising out of or relating to such loss or damage to property. All such loss, damage, cost, claim or expense is excluded regardless of any other cause or event that contributes concurrently or in any other sequence to the loss, damage, cost claim or expense.

B. Severability

In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder will remain in full force and effect.

C. Application of Other Exclusions

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss or damage which would otherwise be excluded under this policy

D. Conditional Change in Use of Defined Term

When any one or more of the following first occurs, the term "other act of terrorism" in Paragraph A. above shall be deleted in its entirety and replaced by the term "terrorism." But if your policy (meaning the policy period in which this endorsement applies) begins after such date, then the deletion and replacement become applicable on the date your policy begins. The deletion and replacement will remain applicable unless we notify you of a change in response to federal law.

1. The federal Terrorism Risk Insurance Program ("Program"), established by the Terrorism Risk Insurance Act, has terminated with respect to the type of insurance provided under this Policy.
2. A renewal, extension or replacement of the Program has become effective without a requirement to make terrorism coverage available to you and with revisions that:
  - (a) Increase our statutory percentage deductible under the Program for terrorism losses. (That deductible determines the amount of all certified terrorism losses we must pay in a calendar year, before the federal government shares in subsequent payment of certified terrorism losses.); or
  - (b) Decrease the federal government's statutory percentage share in potential terrorism losses above such deductible; or

AXIS NON-US TERRORISM EXCLUSION 01 07

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- (c) Redefine terrorism or make insurance coverage for terrorism subject to provisions or requirements that differ from those that apply to other types of events or occurrences under this policy.

#### E. Definitions

"Other act of terrorism" means a violent act or an act that is dangerous to human life, property or infrastructure that is committed by an individual or individuals and that appears to be part of an effort to coerce a civilian population or to influence the policy or affect the conduct of any government by coercion, and the act is not certified as a terrorist act pursuant to the federal Terrorism Risk Insurance Act of 2002 (including any amendments thereto).

"Terrorism" means activities against persons, organizations or property of any nature:

1. That involve the following or preparation for the following:
  - a. Use or threat of force or violence; or
  - b. Commission or threat of a dangerous act; or
  - c. Commission or threat of an act that interferes with or disrupts an electronic, communication, information, or mechanical system; and
2. When one or both of the following applies:
  - a. The effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
  - b. It appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

All other terms and conditions remain unchanged.

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Authorized Representative

AXIS NON-US TERRORISM EXCLUSION 01 07

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*First Filing Company:*      *Axis Insurance Company, ...*                      *State Tracking Number:*      *EFT \$50*  
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*Project Name/Number:*                      */*

## **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 11/20/2007

**Comments:**

**Attachment:**

AR NAIC Trans & FS.pdf

**Satisfied -Name:** Filing Authorization Letters **Review Status:** Approved 11/20/2007

**Comments:**

**Attachments:**

1 - Filing Authorization - ARC.pdf

2 - Filing Authorization - AIC.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
AXIS Capital Holdings	3416

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
AXIS Insurance Company	IL	37273	39-1338397	
AXIS Reinsurance Company	NY	20370	51-0434766	

<b>5. Company Tracking Number</b>	<b>AXIS-PPF-07</b>
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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
Jeremy Battles Insurance Regulatory Consultants 50 Broad Street, Suite 501 New York, NY 10004	Senior Analyst	(212) 571-3989	(212) 571-2502	jeremybattles@ircllc.com

<b>7. Signature of authorized filer</b>	
<b>8. Please print name of authorized filer</b>	Jeremy W. Battles

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	Commercial Property
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	N/A
<b>12. Company Program Title</b> (Marketing title)	Premier Property Program
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New:    Upon Approval                      Renewal:    Upon Approval
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	11/19/2007
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # | AXIS-PPF-07

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

Axis Insurance Company (AIC) and Axis Reinsurance Company (ARC) are submitting 2 additional independent forms for use with their current Premier Property program. These forms should have been included in AIC's and ARC's recent additional Premier Property forms filing, which was approved approved by your Department

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: \$50.00

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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AXIS-PPF-07			
<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	AXIS Following Form Excess	XSA0803-002	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Exclusion of Terrorism Losses Outside the United States	AXIS NON-US TERRORISM EXCLUSION 01 07	<input checked="" 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		



November 14, 2007

**LETTER OF FILING AUTHORIZATION**

I, Duane Manns CPCU, AU, am a duly authorized Filing and Regulatory Manager of AXIS Reinsurance Company. This letter authorizes Insurance Regulatory Consultants, LLC (IRC) to file on behalf of AXIS Reinsurance Company, Excess property form and Non US TRIA Exclusion for the AXIS Premier Property Program. This authorization extends to all correspondence and inquiries in connection with this multiple endorsements filing.

Please direct all correspondence regarding this Program to:

Insurance Regulatory Consultants, LLC (IRC)  
50 Broad Street, Suite 501  
New York, NY 10004

AXIS Reinsurance Company

**Duane Manns CPCU, AU**  
Name

**Filing and Regulatory Manager**  
Title

A handwritten signature in blue ink that reads "Duane Manns". The signature is written in a cursive, flowing style.

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Signature



November 14, 2007

**LETTER OF FILING AUTHORIZATION**

I, Duane Manns CPCU, AU, am a duly authorized Filing and Regulatory Manager of AXIS Insurance Company. This letter authorizes Insurance Regulatory Consultants, LLC (IRC) to file on behalf of AXIS Insurance Company, the Excess Property form and Non US TRIA Exclusion for the AXIS Premier Property Program. This authorization extends to all correspondence and inquiries in connection with this multiple endorsements filing.

Please direct all correspondence regarding this Program to:

Insurance Regulatory Consultants, LLC (IRC)  
50 Broad Street, Suite 501  
New York, NY 10004

AXIS Insurance Company

**Duane Manns CPCU, AU**  
Name

**Filing and Regulatory Manager**  
Title

A handwritten signature in cursive script that reads "Duane Manns". The signature is written in dark ink and is positioned above a horizontal line.

\_\_\_\_\_  
Signature