

SERFF Tracking Number: CNNB-125467717 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: DP-08-7016-AR
TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations
Product Name: Dwelling and Liability
Project Name/Number: Terrorism Notice/

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: Dwelling and Liability

TOI: 04.0 Homeowners

Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Filing Type: Form

SERFF Tr Num: CNNB-125467717 State: Arkansas

SERFF Status: Closed

Co Tr Num: DP-08-7016-AR

Co Status:

Author: Matt Terrell

Date Submitted: 01/30/2008

State Tr Num: EFT \$50

State Status: Fees received

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Disposition Date: 01/30/2008

Disposition Status: Approved

Effective Date Requested (New): 03/01/2008

Effective Date Requested (Renewal): 03/01/2008

Effective Date (New): 03/01/2008

Effective Date (Renewal):

03/01/2008

State Filing Description:

General Information

Project Name: Terrorism Notice

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 01/30/2008

State Status Changed: 01/30/2008

Corresponding Filing Tracking Number:

Filing Description:

Notice to Policyholders - terrorism

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

Matt Terrell, Senior Filings Analyst

matt_terrell@cinfin.com

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6200 S. Gilmore Road (513) 603-5264 [Phone]
Fairfield, OH 45014 (513) 881-8885[FAX]

Filing Company Information

The Cincinnati Insurance Company CoCode: 10677 State of Domicile: Ohio
6200 S. Gilmore Rd. Group Code: 244 Company Type:
Fairfield, OH 45014 Group Name: State ID Number:
(513) 870-2000 ext. [Phone] FEIN Number: 31-0542366

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$50.00	01/30/2008	17745516

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	01/30/2008	01/30/2008

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Disposition

Disposition Date: 01/30/2008

Effective Date (New): 03/01/2008

Effective Date (Renewal): 03/01/2008

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	Yes
Form	POLICYHOLDER NOTICE TERRORISM INSURANCE COVERAGE	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	POLICYHOLDER NOTICE TERRORISM INSURANCE COVERAGE	MI1730	1/08	Disclosure/ New Notice		62.20	MI1730 01-08.pdf

POLICYHOLDER NOTICE

TERRORISM INSURANCE COVERAGE

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

Your policy (or the policy proposed to you) may contain coverage for certain losses caused by terrorism.

Premium:

In accordance with the federal Terrorism Risk Insurance Act, we are required to notify you of the portion of the premium, if any, attributable to the coverage for terrorist acts certified under the Terrorism Risk Insurance Act.

- The portion of your premium that is attributable to coverage for terrorist acts certified under the Act is \$0.

Federal Participation:

The Act also requires us to provide disclosure of federal participation in payment of terrorism losses.

- Under your policy (or the policy proposed to you), any losses caused by certified acts of terrorism would be partially reimbursed by the United States Government, Department of Treasury, under a formula established by federal law. Under this formula, the federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

Cap on Insurer Participation:

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

NOTE: IF YOUR POLICY IS A RENEWAL POLICY, THIS NOTICE IS PROVIDED TO SATISFY THE REQUIREMENTS UNDER THE TERRORISM RISK INSURANCE ACT FOR POLICYHOLDER DISCLOSURE: (1) AT THE TIME OF OUR OFFER TO RENEW THE POLICY AND (2) AT THE TIME THE RENEWAL IS COMPLETED.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 01/30/2008

Comments:

Attachment:

#P&CTransmittal.pdf

18. Company's Date of Filing	1/30/08
19. Status of filing in domicile	<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 #	DP-08-7016-AR
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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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MI1730 (1/08)
 POLICYHOLDER NOTICE TERRORISM INSURANCE COVERAGE - until December 31, 2014, mandatory for all new and renewal policies endorsed with HR734, HR824, HR838, HR886, and / or HR878.

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.

Effective March 1, 2007

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**