

SERFF Tracking Number: CNSM-125433176 State: Arkansas
Filing Company: Consumers Insurance USA, Inc. State Tracking Number: #? \$50
Company Tracking Number:
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: CP Terrorism Disclosure
Project Name/Number: /

Filing at a Glance

Company: Consumers Insurance USA, Inc.

Product Name: CP Terrorism Disclosure

TOI: 01.0 Property

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

Filing Type: Form

SERFF Tr Num: CNSM-125433176 State: Arkansas

SERFF Status: Closed

Co Tr Num:

Co Status:

Author: Anne Roquette

Date Submitted: 01/15/2008

State Tr Num: #? \$50

State Status: Fees not received

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

Disposition Date: 01/28/2008

Disposition Status: Approved

Effective Date Requested (New): 02/15/2008

Effective Date Requested (Renewal): 02/15/2008

Effective Date (New): 02/15/2008

Effective Date (Renewal):
02/15/2008

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 01/28/2008

State Status Changed: 01/28/2008

Corresponding Filing Tracking Number:

Filing Description:

Policyholder Disclosure Notice of Terrorism Insurance Coverage

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

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Anne Roquette, Pricing Director aroquette@ciousa.com
P.O. Box 12269 (615) 692-0303 [Phone]
Murfreesboro, TN 37129 (615) 896-0766[FAX]

Filing Company Information

Consumers Insurance USA, Inc. CoCode: 10204 State of Domicile: Tennessee
P.O. Box 12269 Group Code: Company Type: Property and Casualty

Murfreesboro, TN 37129 Group Name: 0000 State ID Number:
(615) 692-0303 ext. [Phone] FEIN Number: 62-1590861

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	01/28/2008	01/28/2008

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Disposition

Disposition Date: 01/28/2008

Effective Date (New): 02/15/2008

Effective Date (Renewal): 02/15/2008

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees of \$50.

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
Supporting Document	Expedited Filing Transmittal Document for Terrorism Risk Insurance	Approved	Yes
Form	Policyholder Disclosure Notice of 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 Disclosure Notice of Terrorism Insurance Coverage	na	na	Disclosure/ New Notice		0.00	Policyholder Disclosure Notice of Terrorism Insurance Coverage.pdf

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term “act of terrorism” means 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—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers’ liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is _____, and does not include any charges for the portion of losses covered by the United States government under the Act.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT, MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE MY COVERAGE AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

Policyholder/Applicant’s Signature

Print Name

Date

Name of Insurer: _____
Policy Number: _____

DRAFTING NOTE: An insurer may choose not to use the acknowledgement section for workers compensation.

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Rate Information

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Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-Property & Casualty
Bypass Reason: Terrorism TD1 attached instead
Comments:

Review Status:
Approved 01/28/2008

Satisfied -Name: Expedited Filing Transmittal Document for Terrorism Risk Insurance
Comments:
Attached
Attachment:
terrorismtd1.pdf

Review Status:
Approved 01/28/2008

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) _____

Indicate Type of Filing
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input checked="" type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Consumers Insurance USA, Inc.	TN	10204	62-1590861

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Anne Roquette Product Supervisor P.O. Box 12269 Murfreesboro, TN 37129	615-692-0303	615-896-0766	aroquette@ciousa.com

Filing information

Line of Insurance (see attachment)	Commercial Property
Company Program Title (Marketing title) (if applicable)	
Filing Type ** see note below	Forms
This application is used with:	
Effective Date Requested	02-15-2008
Filing date	01-15-2008
Company Tracking Number	
Date filing approved in domiciliary state, if applicable	

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Policyholder Disclosure Notice of Terrorism Insurance Coverage		<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.

The insurer(s) submitting this filing certifies that it:

- Is in compliance with the terms of the Terrorism Risk Insurance Act of 2002 and the laws of this state; and
- Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Signature 

Anne Roquette
Print Name: _____

Product Supervisor
Title: _____