

SERFF Tracking Number: UNCA-125420146 State: Arkansas
Filing Company: Universal Casualty Company State Tracking Number: #28527 \$50
Company Tracking Number: AR-IL-0152
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: General Liability/Inland Marine
Project Name/Number: EXPEDITED TERRORISM FILING - Revision of IL 002/AR-IL-0152

Filing at a Glance

Company: Universal Casualty Company

Product Name: General Liability/Inland Marine SERFF Tr Num: UNCA-125420146 State: Arkansas
TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: #28527 \$50
Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: AR-IL-0152 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: Larry Wilk Disposition Date: 01/31/2008
Date Submitted: 01/25/2008 Disposition Status: Approved
Effective Date Requested (New): 02/01/2008 Effective Date (New):
Effective Date Requested (Renewal): 02/01/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: EXPEDITED TERRORISM FILING - Revision of IL 002 Status of Filing in Domicile: Pending
Project Number: AR-IL-0152 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 01/31/2008
State Status Changed: 01/31/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
We are revising IL 002, our terrorism selection/notice form as follows:

(1) The references to the premium charges have been deleted as we will no longer use those percentages - we will use ISO's terrorism rating factors.

(2) The explanation section has been revised to add the NAIC model disclosure language to comply with the requirements of the Terrorism Risk Insurance Program Reauthorization Act Of 2007. Our form is not identical to the

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NAIC form - some of the wording in the check box section is slightly different.

Note that we use only ISO's Terrorism endorsements so we do not have any other independent forms that need to be revised.

Company and Contact

Filing Contact Information

Larry Wilk, Compliance Manager lwilk@univcas.com
 150 Northwest Point Blvd. 2nd Floor (847) 700-9163 [Phone]
 Elk Grove Village, IL 60007 (847) 228-4104[FAX]

Filing Company Information

Universal Casualty Company CoCode: 42862 State of Domicile: Illinois
 150 Northwest Point Blvd. 2nd Floor Group Code: 1326 Company Type:
 Elk Grove Village, IL 60007 Group Name: State ID Number:
 (847) 700-9163 ext. [Phone] FEIN Number: 36-2126444

Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
28527	\$50.00	01/24/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	01/31/2008	01/31/2008

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Disposition

Disposition Date: 01/31/2008

Effective Date (New):

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	Yes
Supporting Document	Markup of old form	Approved	Yes
Form	Policy Holder 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	Policy Holder Disclosure Notice Of Terrorism Insurance Coverage	IL 002	01 08	Disclosure/ Replaced Notice	Replaced Form #:0.00 IL 002 02 07 Previous Filing #:		IL 002 01 08 - UCC NOTICE OF TERRORIS M Selection Rejection.pdf



Universal Casualty Company

150 Northwest Point Blvd, Suite 200, Elk Grove Village, Illinois 60007 (847) 700-9100

POLICY HOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

THIS FORM APPLIES ONLY FOR MOTOR TRUCK CARGO & GENERAL LIABILITY

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

UNDER FEDERAL LAW, UNIVERSAL CASUALTY COMPANY MUST OFFER YOU COVERAGE FOR CERTIFIED TERRORIST ACTS. YOU HAVE THE RIGHT TO ACCEPT OR REJECT THE OFFER. YOU MUST MAKE YOUR SELECTION AND RETURN THIS FORM BEFORE ANY OF YOUR COVERAGES CAN BECOME EFFECTIVE.

CHECK A BOX BELOW, SIGN THE FORM AND RETURN IT TO UCC.

<input type="checkbox"/>	I hereby elect to purchase "Certified Terrorism" coverage. I understand there is a charge for the coverage and I will be billed a premium. <input type="checkbox"/> General Liability Only <input type="checkbox"/> Inland Marine/Cargo Only <input type="checkbox"/> General Liability and Inland marine/Cargo
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<input type="checkbox"/>	I hereby elect to have the exclusion for terrorism coverage added to this policy. I understand that I will have no coverage for losses arising from acts of terrorism.
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_____ <i>Policyholder/Applicant's Signature</i>	UNIVERSAL CASUALTY COMPANY
_____ <i>Print Name</i>	_____ <i>Policy Number (s)</i>
_____ Date	_____ Named Insured

EXPLANATION

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have the 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 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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM "CERTIFIED ACTS OF TERRORISM", SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. 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 PREMIUM CHARGED FOR THIS COVERAGE DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT 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 IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Approved 01/31/2008

Comments:
Expedited Terrorism Transmittal is attached.

Attachment:
Terrorism form.pdf

Satisfied -Name: Markup of old form
Review Status: Approved 01/31/2008

Comments:
Copy of form with changes indicated is attached.

Attachment:
IL 002 02 07 markup copy.pdf

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

This page applies to the following state(s) AR

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

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Universal Casualty Company	IL	42862	36-2126444

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Larry Wilk 150 Northwest Point Blvd. Suite 200 Elk Grove Village IL 60007	847-700-9163	847-228-4104	lwilk@univcas.com

Filing information

Line of Insurance (see attachment)	General Liability & Inland Marine
Company Program Title (Marketing title) (if applicable)	
Filing Type ** see note below	Form
This application is used with:	General Liability and Inland Marine coverage forms
Effective Date Requested	2/1/08
Filing date	1/25/08
Company Tracking Number	AR-IL-0152
Date filing approved in domiciliary state, if applicable	Pending

	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01	Policy Holder Disclosure Notice of Terrorism Insurance Coverage	IL 002 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	IL 002 02 07	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a form 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 appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

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

Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state;
and

Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Larry Wilk
Signature

Larry Wilk
Print Name:

Compliance Manager
Title:



Universal Casualty Company

150 Northwest Point Blvd, Suite 200, Elk Grove Village, Illinois 60007 (847) 700-9100

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UNDER FEDERAL LAW, UNIVERSAL CASUALTY COMPANY MUST OFFER YOU COVERAGE FOR CERTIFIED TERRORIST ACTS. YOU HAVE THE RIGHT TO ACCEPT OR REJECT THE OFFER. YOU MUST MAKE YOUR SELECTION AND RETURN THIS FORM BEFORE ANY OF YOUR COVERAGES CAN BECOME EFFECTIVE.

[The premium is based on a percentage of your premium for each line of business. The rate for each line of coverage is as follows:

General Liability: 15% for tank or intermodal carriers; 8% for reefer or dry freight haulers; 5% for all other carriers.
Inland Marine/Cargo: 3% for tank or intermodal carriers; 2% for reefer or dry freight haulers; 1% for all other carriers.]

CHECK A BOX BELOW, SIGN THE FORM AND RETURN IT TO UCC.

I hereby elect to purchase "Certified Terrorism" coverage. I understand there is a charge for the coverage and I will be billed a premium. General Liability Only Inland Marine/Cargo Only
 General Liability and Inland marine/Cargo

I hereby elect to have the exclusion for terrorism coverage added to this policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

UNIVERSAL CASUALTY COMPANY

Print Name

Policy Number (s)

Date

Named Insured

EXPLANATION

You are hereby notified that under the Terrorism Risk Insurance Act [of 2002, as extended on December 22, 2005], as amended that you [now] have the right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: the term "[certified] 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 an air carrier or vessel or the premises of a United States mission; and 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 population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE PROVIDED BY THIS POLICY FOR LOSSES [CAUSED BY] RESULTING FROM "CERTIFIED ACTS OF TERRORISM" SUCH LOSSES MAY BE [IS] PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. 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 IT GENERALLY [PAYS] REIMBURSES 90% [(85% IN 2007)] OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED [ANNUALLY INCREASING] DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE

[INITIAL PREMIUM] CHARGED FOR THIS COVERAGE [IS PROVIDED ABOVE AND] DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT 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 IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.