

SERFF Tracking Number: WESA-125436887 State: Arkansas
Filing Company: Arch Insurance Company State Tracking Number: #1851 \$50
Company Tracking Number: ARCH-08-008
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
Product Name: Excess Workers Compensation and Employers Liability
Project Name/Number: Submission of revised terrorism form in response to TRIA Reauthorization Act/ARCH-08-008

Filing at a Glance

Company: Arch Insurance Company

Product Name: Excess Workers' Compensation SERFF Tr Num: WESA-125436887 State: Arkansas
and Employers Liability

TOI: 17.0 Other Liability - Claims
Made/Occurrence

SERFF Status: Closed

State Tr Num: #1851 \$50

Sub-TOI: 17.0022 Other

Co Tr Num: ARCH-08-008

State Status: Fees verified and
received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding

Authors: Westmont Associates,
Wesley Pohler

Disposition Date: 01/23/2008

Date Submitted: 01/18/2008

Disposition Status: Approved

Effective Date Requested (New): 12/26/2007

Effective Date (New):

Effective Date Requested (Renewal): 12/26/2007

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Submission of revised terrorism form in response to
TRIA Reauthorization Act

Status of Filing in Domicile: Pending

Project Number: ARCH-08-008

Domicile Status Comments: Pending in
Missouri

Reference Organization: None

Reference Number: None

Reference Title: None

Advisory Org. Circular: None

Filing Status Changed: 01/23/2008

State Status Changed: 01/23/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

In response to the extension of TRIA in December of 2007, the Company is filing the attached Terrorism Risk Insurance
Program Reauthorization Act Endorsement (00 GL0253 00 01 08).

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Company and Contact

Filing Contact Information

(This filing was made by a third party - westmontassociatesinc)

Wesley Pohler, AVP wes@westmontlaw.com
 25 Chestnut Street (856) 216-0220 [Phone]
 Haddonfield, NJ 08033 (856) 216-0303[FAX]

Filing Company Information

Arch Insurance Company CoCode: 11150 State of Domicile: Missouri
 300 First Stamford Place Group Code: 1279 Company Type: Property and
 Casualty

5th Floor East
 Stamford, CT 06902 Group Name: State ID Number:
 (203) 388-3220 ext. [Phone] FEIN Number: 43-0990710

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arch Insurance Company	\$0.00	01/18/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1851	\$50.00	01/17/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	01/23/2008	01/23/2008

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Disposition

Disposition Date: 01/23/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125436887 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Expedited Transmittal Form	Approved	Yes
Form	Terrorism Risk Insurance Program Reauthorization Act Endorsement	Approved	Yes

SERFF Tracking Number: WESA-125436887 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Terrorism Risk Insurance Program Reauthorization Act Endorsement	00 GL0253 00 (01 08)	01 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 00 GL0165 00 10 06 Previous Filing #:		00GL025300 0108.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT
ENDORSEMENT**

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

“Act” means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

“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 as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has 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.

“Insured Loss” means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

“Insurer Deductible” means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

“Program Year” refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceeds \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceeds \$100,000,000,000.
3. The additional premium charged for the coverage for Insured Losses under the policy is included in the deposit premium listed in Item 4 of the Declarations Page and is itemized in the Schedule below.

SCHEDULE

State

Rate per \$100 of Remuneration

All other terms and conditions of this Policy remain unchanged.

Endorsement Number:

Policy Number:

Named Insured:

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date:

SERFF Tracking Number: WESA-125436887 *State:* Arkansas
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125436887 State: Arkansas
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TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
Product Name: Excess Workers Compensation and Employers Liability
Project Name/Number: Submission of revised terrorism form in response to TRIA Reauthorization Act/ARCH-08-008

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 01/23/2008

Comments:

Attached is the AR form.

Attachment:

AR Form.pdf

Satisfied -Name: Letter of Authorization **Review Status:** Approved 01/23/2008

Comments:

Attached is the letter of authorization

Attachment:

2008 Use this Letter.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 01/23/2008

Comments:

Attached is our cover letter.

Attachment:

Cover Letter ARCH-08-008.pdf

Satisfied -Name: Expedited Transmittal Form **Review Status:** Approved 01/23/2008

Comments:

Attached is our expedited transmittal form. My e-mail address is wes@westmontlaw.com

Attachment:

GL.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

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

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 #:
Amount:

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.)

PC TD-1 pg 2 of 2

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.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input 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		

PC FFS-1

www.archinsurance.com



One Liberty Plaza
53rd Floor
New York, NY 10006

T 212.651.6500
F 212.651.6499

January 1, 2008

Arch Insurance Company
NAIC: #11150
Letter of Authorization
Filing of Forms, Rates and Rules

Dear Sir or Madame:

In accordance with the applicable statutes and regulations in your state, Wesley Pohler and Westmont Associates are hereby authorized to file form, rate and rate filings on behalf of Arch Insurance Company.

Very truly yours,



Carol Kennedy
Vice President & Director of Compliance

January 17, 2008

Commissioner of Insurance
Department of Insurance
Property and Casualty Division
Forms Review

**RE: Arch Insurance Company /NAIC# 11150/ FEIN# 43-0990710
Excess Workers' Compensation and Employers Liability
Terrorism Risk Insurance Program Reauthorization Act Endorsement
EXPEDITED FILING
Effective Date: December 26, 2007
Filing Number: ARCH-08-008**

To Whom It May Concern:

Enclosed please find attached the Company's Excess Workers' Compensation and Employers Liability Terrorism Risk Insurance Program Reauthorization Act Endorsement submission. A letter permitting Westmont Associates, Inc. to submit this filing on Arch's behalf is enclosed.

On December 26, 2007, the Federal Government reauthorized and extended the Terrorism Risk Insurance Program. In response to this action, the Company is filing the attached Terrorism Risk Insurance Program Reauthorization Act Endorsement (form 00 GL0253 00 01 08) for your review on an expedited basis. This form replaces currently filed and approved terrorism form 00 GL00165 00 10 06. Please be advised that this form is substantially similar to the new NCCI Terrorism Risk Insurance Program Reauthorization Act Endorsement (WC 00 01 13 A) which was recently filed by the NCCI.

Your approval and/or acknowledgement of this submission is respectfully requested. If you have any questions or concerns regarding the filing, please do not hesitate to contact me. Thank you for your attention to this matter.

Respectfully submitted,

Wesley Pohler

Wesley Pohler
Assistant Vice-President
wes@westmontlaw.com

Enclosures

cc: N. Stepanski – Westmont
C. Kennedy – Arch

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

This page applies to the following state(s)

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input 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 #
Arch Insurance Company	Missouri	11150	43-0990710

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Westmont Associates, Suite 105, Haddonfield, NJ 08033	(856) 216-0220	(856) 216-0303	Wes@ westmontlaw.com

Filing information

Line of Insurance (see attachment)	Other Liability
Company Program Title (Marketing title) (if applicable)	Excess Workers Compensation Product
Filing Type ** see note below	Replacement of Current Form
This application is used with:	Excess Workers Compensation Product
Effective Date Requested	12/26/2007
Filing date	01/18/2008
Company Tracking Number	ARCH-08-008
Date filing approved in domiciliary state, if applicable	Pending in Missouri

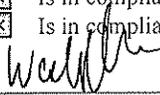
	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	TRIP Reauthorization End	00 GL0253 00 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	00 GL0165 00 1006	
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 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.


Signature

Wesley Pohler
Print Name:

AVP
Title: