

SERFF Tracking Number: ZICO-125423497 State: Arkansas
Filing Company: Zenith Insurance Company State Tracking Number: #? \$25
Company Tracking Number: AR-TER-AB
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: AR-TER-AB
Project Name/Number: /

Filing at a Glance

Company: Zenith Insurance Company

Product Name: AR-TER-AB

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Form

SERFF Tr Num: ZICO-125423497 State: Arkansas

SERFF Status: Closed

State Tr Num: #? \$25

Co Tr Num: AR-TER-AB

State Status: Fees verified

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Laura Cramer

Disposition Date: 01/29/2008

Date Submitted: 01/09/2008

Disposition Status: Approved

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

Effective Date (New): 01/01/2008

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

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Domicile Status Comments: These endorsements are not yet approved in the State of California

Reference Organization: NCCI

Reference Number: Item P-1405

Reference Title:

Advisory Org. Circular: IF-2008-01-01

Filing Status Changed: 01/29/2008

State Status Changed: 01/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Terrorism Endorsement Filing for approval.

Company and Contact

Filing Contact Information

Brad Eastwood, Vice President

beastwood@thezenith.com

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21255 Califa Street (818) 594-5553 [Phone]
Woodland Hills, CA 91367 (818) 227-3053[FAX]

Filing Company Information

Zenith Insurance Company CoCode: 13269 State of Domicile: California
21255 Califa Street Group Code: 336 Company Type:
Woodland Hills, CA 91367 Group Name: State ID Number:
(818) 251-5657 ext. [Phone] FEIN Number: 95-1651549

SERFF Tracking Number: ZICO-125423497

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Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Zenith Insurance Company	\$0.00	01/09/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	01/29/2008	01/29/2008
Approved	Carol Stiffler	01/11/2008	01/11/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	01/29/2008	01/29/2008			
Pending Industry Response	Carol Stiffler	01/11/2008	01/11/2008			

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
PDF Documents	Note To Reviewer	Laura Cramer	01/29/2008	01/29/2008

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Disposition

Disposition Date: 01/29/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ZICO-125423497 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	Transmittal Document	Approved	Yes
Form	Terrorism Risk Insurance Extension Act Endorsement	Approved	Yes
Form	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	Approved	Yes

SERFF Tracking Number: *ZICO-125423497* *State:* *Arkansas*
Filing Company: *Zenith Insurance Company* *State Tracking Number:* *#? \$25*
Company Tracking Number: *AR-TER-AB*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *AR-TER-AB*
Project Name/Number: */*

Disposition

Disposition Date: 01/11/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment: Form filings require a fee of \$25.00. The filing indicates that there is no fee required. I am approving this filing contingent on receiving the filing fee. Please send a copy of the SERFF Transmittal with the check or at least refer to the SERFF Tracking #ZICO-125423497.

Rate data does NOT apply to filing.

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Supporting Document	Transmittal Document	Approved	Yes
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/29/2008
Submitted Date 01/29/2008
Respond By Date

Dear Brad Eastwood,

This will acknowledge receipt of the captioned filing.

On January 11, after approving this filing, I found that all of the attachments were in .rtf and not .pdf. I reopened the filing and requested that you correct the problem. As of this date I haven't received a correction or I will disapprove the filing.

Please feel free to contact me if you have questions.

Sincerely,
Carol Stiffler

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/11/2008

Submitted Date 01/11/2008

Respond By Date

Dear Brad Eastwood,

This will acknowledge receipt of the captioned filing.

I had to reopen this filing because the forms were not submitted in .pdf format. They were in .rtf. Please resubmit them in .pdf so I can reclose the filing.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

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Note To Reviewer

Created By:

Laura Cramer on 01/29/2008 01:07 PM

Subject:

PDF Documents

Comments:

Dear Carol, my apologies for not submitting PDF files. Here are the documents in PDF form. If you need anything else, please feel free to give me a call at (818) 594-5384.

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 premiums charged for the coverage for Insured Losses under this policy are included in the amounts shown in Item 4 of the Information Page or in the Schedules in the Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement (WC 00 04 21 B) and the Foreign Terrorism Premium Endorsement (WC 00 04 22), attached to this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement
Insured

Effective Policy No.

Endorsement No.
Premium:

Insurance Company

Countersigned by _____

DOMESTIC TERRORISM, EARTHQUAKES, AND CATASTROPHIC INDUSTRIAL ACCIDENTS PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of domestic terrorism, earthquakes, and/or a catastrophic industrial accident.

Your policy provides coverage for workers compensation losses caused by acts of domestic terrorism, earthquakes, and/or catastrophic industrial accident including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

The premium charge provides funding for the risk of earthquakes, catastrophic industrial accidents, and acts of domestic terrorism. It does not provide funding for acts of foreign terrorism as that term is defined in the Foreign Terrorism Premium Endorsement (WC 00 04 22), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- **Domestic Terrorism:** All acts of terrorism, certified (as defined in the Terrorism Risk Insurance Act of 2002), or non-certified, that are outside the scope of the Foreign Terrorism Premium Endorsement (WC 00 04 22), and where aggregate workers compensation losses are in excess of \$50 million.
- **Earthquake:** The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity where aggregate workers compensation losses from the single event are in excess of \$50 million.
- **Catastrophic Industrial Accident:** Any single event resulting in aggregate workers compensation losses in excess of \$50 million.

Schedule

Payroll

Rate

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement
Insured

Effective Policy No.

Endorsement No.
Premium:

Insurance Company

Countersigned by _____

**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 type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #

Contact Info for Filer

Name and Address of Filer(s)	Telephone #	FAX #	e-mail

Filing Information

Line of Insurance (see attachment)	
Company Program Title (Marketing Title) (if applicable)	
Filing Type** see note below	
This application is used with:	
Effective Date Requested	
Filing Date	
Company Tracking Number	
Date Filing Approved in Domiciliary State, if applicable	

	Component/Form Name/Description/Synopsis	Form # or Rate Page Including Edition Date	Replacement or Withdrawn?	If Replacement, Give Form # or Rate Page(s) it Replaces	Previous State Filing Number, if Required by State
01			[] Replacement [] Withdrawn [] Neither		
02			[] Replacement [] Withdrawn [] 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 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

Print Name:

Title:

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 01/11/2008

Comments:

We are adopting the attached endorsements and their effective dates. We would like your approval for our use of these endorsements in the State of Arkansas.