

SERFF Tracking Number: ACEH-125493201 State: Arkansas
First Filing Company: ACE American Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 08-PR-2007553
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1000 Other Liability Sub-TOI Combinations
Product Name: 08-PR-2007553
Project Name/Number: Education Legal Liability TRIPRA/08-PR-2007553

Filing at a Glance

Companies: ACE American Insurance Company, Westchester Fire Insurance Company

Product Name: 08-PR-2007553 SERFF Tr Num: ACEH-125493201 State: Arkansas
TOI: 17.1 Other Liability - Claims Made Only SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 17.1000 Other Liability Sub-TOI Co Tr Num: 08-PR-2007553 State Status: Fees verified and
Combinations received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding
Authors: Bob Wolfrom, Viola Disposition Date: 02/22/2008
McBride
Date Submitted: 02/19/2008 Disposition Status: Accepted For
Informational Purposes
Effective Date Requested (New): On Approval Effective Date (New):
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Education Legal Liability TRIPRA Status of Filing in Domicile: Pending
Project Number: 08-PR-2007553 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 02/22/2008 Deemer Date:
State Status Changed: 02/22/2008
Corresponding Filing Tracking Number:
Filing Description:
The Education Legal Liability & Employment Practices Liability program combines coverages for educational Errors & Omissions (E&O), Directors & Officers (D&O) and Employment Practices Liability (EPL) in one policy form, and is therefore subject to the Terrorism Risk Insurance Act (TRIA). Effective 01/01/2008, ACE is revising its form filing for this program in order to comply with the Terrorism Risk Insurance Program Reauthorization Act (TRIPRA). In addition, we are revising our rule filing by reducing the premium charge for certified acts of terrorism coverage from 2% of the policy

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premium to 0%. ACE has re-assessed this program's exposure to loss under TRIA and, as a result, is making a downward revision to the charge for this coverage.

Company and Contact

Filing Contact Information

Robert Wolfrom, CPCU, Regulatory Specialist robert.wolfrom@ace-ina.com
 436 Walnut Street (215) 640-5123 [Phone]
 Philadelphia, PA 19106 (215) 640-4986[FAX]

Filing Company Information

ACE American Insurance Company CoCode: 22667 State of Domicile: Pennsylvania
 PO Box 1000 Group Code: 626 Company Type:
 436 Walnut Street
 Philadelphia, PA 19106 Group Name: State ID Number:
 (215) 640-5123 ext. [Phone] FEIN Number: 95-2371728

Westchester Fire Insurance Company CoCode: 21121 State of Domicile: New York
 1133 Avenue of the Americas Group Code: 626 Company Type:
 New York, NY 10036 Group Name: State ID Number:
 (215) 640-2324 ext. [Phone] FEIN Number: 13-5481330

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACE American Insurance Company	\$50.00	02/19/2008	18038050
Westchester Fire Insurance Company	\$0.00	02/19/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Edith Roberts Informational Purposes		02/22/2008	02/22/2008

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Disposition

Disposition Date: 02/22/2008

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
Supporting Document	Explanatory Memo	Accepted for Informational Purposes	Yes
Supporting Document	TRIA Expedited Filing Transmittal	Accepted for Informational Purposes	Yes
Form	Disclosure Pursuant to Terrorism Risk Insurance Act	Accepted for Informational Purposes	Yes
Form	Cap on Losses From Certified Acts of Terrorism	Accepted for Informational Purposes	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Accepted for Informational Purposes	Disclosure Pursuant to Terrorism Risk Insurance Act	TRIA12b	(01/08)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 TRIA12a (02/06) Previous Filing #:		TRIA12b (01-08) 08-PR-2007553.pdf
Accepted for Informational Purposes	Cap on Losses From Certified Acts of Terrorism	PF-17705a	(01/08)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 PF-17705 (07/04) Previous Filing #:		PF17705a (01-08) 08-PR-2007553.pdf

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in this endorsement or in the policy Declarations.

Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. 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 In Payment Of Terrorism Losses

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.

We are providing you with the terrorism coverage required by the Act. We have not established a separate price for this coverage; however the portion of your annual premium that is reasonably attributable to such coverage is: **\$0.**

Authorized Agent

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
			to
Issued By (Name of Insurance Company)			

Cap On Losses From Certified Acts Of Terrorism

It is agreed that the Limit(s) of Liability section is amended by adding the following:

- Notwithstanding anything in this **Policy** to the contrary, if aggregate insured losses attributable to terrorist acts certified under the federal Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and the **Insurer** has met its deductible under the Terrorism Risk Insurance Act, the **Insurer** 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.

“Certified act of terrorism” means an 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 pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a “certified act of terrorism” include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is 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.

All other terms and conditions of this **Policy** remain unchanged.

Authorized Representative

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Accepted for Informational Purposes 02/22/2008

Comments:

Attachments:

NAIC Transmittal (AR) -F.pdf
Forms Schedule 08-PR-2007553.pdf

Satisfied -Name: Explanatory Memo
Review Status: Accepted for Informational Purposes 02/22/2008

Comments:

Attachment:

Filing Memo 08-PR-2007553 Forms.pdf

Satisfied -Name: TRIA Expedited Filing Transmittal
Review Status: Accepted for Informational Purposes 02/22/2008

Comments:

Attachment:

TRIPRA Expedited Filing Form.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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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 #
ACE USA	626

4. Company Name(s)	Domicile	NAIC #	FEIN #
ACE American Insurance Company	PA	22667	95-2371728
Westchester Fire Insurance Company	PA	21121	13-5481330

5. Company Tracking Number	08-PR-2007553 (F)
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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
	Robert Wolfrom 510 Walnut Street WB04G Philadelphia, PA 19106	Sr Regulatory Specialist	(215) 640-5123	(215) 640-4986	Robert.Wolfrom@ace-ina.com

7. Signature of authorized filer	<i>Robert E. Wolfrom</i>
8. Please print name of authorized filer	Robert Wolfrom

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

9. Type of Insurance (TOI)	Other Liability – Claims-Made Only
10. Sub-Type of Insurance (Sub-TOI)	Other Liability Sub-TOI Combinations
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 checked="" 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: Upon approval Renewal: Upon approval

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	08-PR-2007553 (F)
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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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The Education Legal Liability & Employment Practices Liability program combines coverages for educational Errors & Omissions (E&O), Directors & Officers (D&O) and Employment Practices Liability (EPL) in one policy form, and is therefore subject to the Terrorism Risk Insurance Act (TRIA). Effective 01/01/2008, ACE is revising its form filing for this program in order to comply with the Terrorism Risk Insurance Program Reauthorization Act (TRIPRA).

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]
<p>Check #: EFT Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

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

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix). This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

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: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

ACE Forms Schedule

	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Broaden, Restrict, or Clarify	Mandatory / Optional/ Rate Impact
01	Disclsoure Pursuant To Terrorism Risk Insurance Act	TRIA12b (01/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	TRIA12a (02/06)	<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input checked="" type="checkbox"/> Clarify	<input checked="" type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
02	Cap On Losses From Certified Acts Of Terrorism	PF-17705a (01/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	PF-17705 (07/04)	<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input checked="" type="checkbox"/> Clarify	<input checked="" type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact

ACE GROUP OF INSURANCE COMPANIES

**ACE American Insurance Company
Westchester Fire Insurance Company**

ACE Advantage® Education Legal Liability & Employment Practices Liability Policy

**Explanatory Memorandum
Forms**

The Education Legal Liability & Employment Practices Liability program combines coverages for educational Errors & Omissions (E&O), Directors & Officers (D&O) and Employment Practices Liability (EPL) in one policy form, and is therefore subject to the Terrorism Risk Insurance Act (TRIA). Effective 01/01/2008, ACE is revising its form filing for this program in order to comply with the Terrorism Risk Insurance Program Reauthorization Act (TRIPRA).

Forms

TRIA12b (01/08) Disclosure Pursuant To Terrorism Risk Insurance Act

This form is replacing TRIA12a (02/06). It has been revised to include the required disclosure of the existence of the \$100 billion cap on annual aggregate insured losses (insurer share and federal payment combined). Since ACE is providing this coverage at no charge to all policyholders, the form is mandatory on all policies and the amount disclosed will always be \$0.

PF-17705a (01/08) Cap On Losses From Certified Acts Of Terrorism

This form is replacing PF-17705 (07/04). It has been revised to: (1) amend the definition of a "certified act of terrorism" by eliminating the criterion that the act be committed on behalf of a foreign person or foreign interest, and (2) advise that we will not be liable for the payment of any portion of the amount of aggregate insured losses for certified acts that exceeds \$100 billion. Since ACE is providing this coverage at no charge to all policyholders and is subject to the cap, the form is mandatory on all policies.

Rules

See companion filing 08-PR-2007553(R)

**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 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 #
ACE American Insurance Company	PA	22667	95-2371728
Westchester Fire Insurance company	PA	21121	13-5481330

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Robert Wolfrom 510 Walnut Street WB04G Philadelphia, PA 19106	(215) 640-5123	(215) 640-4986	Robert.Wolfrom@ace-ina.com

Filing information

Line of Insurance (see attachment)	Other liability
Company Program Title (Marketing title) (if applicable)	Education Legal Liability TRIPRA
Filing Type ** see note below	Form/Rule
This application is used with:	
Effective Date Requested	Upon approval
Filing date	02/19/08
Company Tracking Number	08-PR-2007553
Date filing approved in domiciliary state, if applicable	Pending

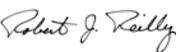
	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01	Disclosure Pursuant to Terrorism Risk Insurance Act	TRIA12b (01/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	TRIA12a (02/06)	
02	Cap on Losses From Certified Acts of Terrorism	PF-17705a (01/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	PF-17705 (07/04)	

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

Robert Reilly
Print Name:

Vice President
Title: