

<i>SERFF Tracking Number:</i>	<i>AXLM-125476456</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AXA Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$0</i>
<i>Company Tracking Number:</i>	<i>AV-2008-T1</i>		
<i>TOI:</i>	<i>22.0 Aircraft</i>	<i>Sub-TOI:</i>	<i>22.0000 Aircraft</i>
<i>Product Name:</i>	<i>Aviation</i>		
<i>Project Name/Number:</i>	<i>Terrorism Disclosure Notices/AV-2008-T1</i>		

Filing at a Glance

Company: AXA Insurance Company

Product Name: Aviation

TOI: 22.0 Aircraft

Sub-TOI: 22.0000 Aircraft

Filing Type: Form

SERFF Tr Num: AXLM-125476456 State: Arkansas

SERFF Status: Closed

Co Tr Num: AV-2008-T1

Co Status:

Author: Linda Gross

Date Submitted: 02/06/2008

State Tr Num: #? \$0

State Status: Fees verified and received

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

Disposition Date: 02/20/2008

Disposition Status: Accepted For Informational Purposes

Effective Date Requested (New): 02/07/2008

Effective Date Requested (Renewal): 02/07/2008

Effective Date (New): 02/07/2008

Effective Date (Renewal):

02/07/2008

State Filing Description:

Disclosure notices - Terrorism Risk Ins.

General Information

Project Name: Terrorism Disclosure Notices

Project Number: AV-2008-T1

Reference Organization:

Reference Title:

Filing Status Changed: 02/20/2008

State Status Changed: 02/20/2008

Corresponding Filing Tracking Number:

Filing Description:

AXA Insurance Company is submitting the disclosure notices we will use with our Aviation program in connection with the Terrorism Risk Insurance Reauthorization Act of 2007 which extends TRIA until 12/31/2014. The wording is identical to the NAIC suggested wording. This submission is being made for informational purposes only. We will use the following disclosure notices:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: AXLM-125476456 State: Arkansas
Filing Company: AXA Insurance Company State Tracking Number: #? \$0
Company Tracking Number: AV-2008-T1
TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
Product Name: Aviation
Project Name/Number: Terrorism Disclosure Notices/AV-2008-T1

New and Renewal Business Policyholder Disclosure Notice of Terrorism
Insurance Coverage TD-AV-5 (1/08)

In-Force Business Policyholder Disclosure Notice of Terrorism
Insurance Coverage TD-AV-4 (1/08)

Company and Contact

Filing Contact Information

Linda Gross, Assistant Vice President
17 State Street
New York, NY 10004

Linda.Gross@AXA-Liabilitiesmanagers.com
(212) 658-8743 [Phone]
(212) 658-8780[FAX]

Filing Company Information

AXA Insurance Company
17 State Street
New York, NY 10004
(212) 658-8743 ext. [Phone]

CoCode: 33022 State of Domicile: New York
Group Code: Company Type:
Group Name: State ID Number: 1633
FEIN Number: 13-3594502

Filing Fees

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

SERFF Tracking Number: AXLM-125476456 State: Arkansas
Filing Company: AXA Insurance Company State Tracking Number: #? \$0
Company Tracking Number: AV-2008-T1
TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
Product Name: Aviation
Project Name/Number: Terrorism Disclosure Notices/AV-2008-T1

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Llyweyia Rawlins Informational Purposes		02/20/2008	02/20/2008

<i>SERFF Tracking Number:</i>	<i>AXLM-125476456</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>AXA Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$0</i>
<i>Company Tracking Number:</i>	<i>AV-2008-T1</i>		
<i>TOI:</i>	<i>22.0 Aircraft</i>	<i>Sub-TOI:</i>	<i>22.0000 Aircraft</i>
<i>Product Name:</i>	<i>Aviation</i>		
<i>Project Name/Number:</i>	<i>Terrorism Disclosure Notices/AV-2008-T1</i>		

Disposition

Disposition Date: 02/20/2008

Effective Date (New): 02/07/2008

Effective Date (Renewal): 02/07/2008

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AXLM-125476456 State: Arkansas
 Filing Company: AXA Insurance Company State Tracking Number: #? \$0
 Company Tracking Number: AV-2008-T1
 TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
 Product Name: Aviation
 Project Name/Number: Terrorism Disclosure Notices/AV-2008-T1

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Supporting Document	Expedited Filing Form for TRIA	Accepted for Informational Purposes	Yes
Form	New and Renewal Business Policyholder Disclosure Notice of Terrorism Insurance Coverage	Accepted for Informational Purposes	Yes
Form	In-Force Business Policyholder Disclosure Notice of Terrorism Insurance Coverage	Accepted for Informational Purposes	Yes

SERFF Tracking Number: AXLM-125476456 State: Arkansas
 Filing Company: AXA Insurance Company State Tracking Number: #? \$0
 Company Tracking Number: AV-2008-T1
 TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
 Product Name: Aviation
 Project Name/Number: Terrorism Disclosure Notices/AV-2008-T1

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Accepted for Informational Purposes	New and Renewal Business Policyholder Disclosure Notice of Terrorism Insurance Coverage	TD-AV-5	1/08	Disclosure/ New Notice		0.00	AV - New&Renewal Reauth.pdf
Accepted for Informational Purposes	In-Force Business Policyholder Disclosure Notice of Terrorism Insurance Coverage	TD-AV-4	1/08	Disclosure/ New Notice		0.00	AV - In-force Reauth.pdf



AXA Insurance Company

Aviation

New and Renewal Business

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of, 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 an air carrier or vessel 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 IS PROVIDED BELOW AND 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.

ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

	I hereby elect to purchase terrorism coverage for a premium of: \$ _____.
	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant's Signature

Print Name

Policy Number

Date



AXA Insurance Company

Aviation

In-Force Business

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your current policy. You are hereby notified that under the Terrorism Insurance Act, as amended in 2007, the definition of terrorism has changed. 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 exceed \$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 AMOUNT OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

Policyholder Signature

Policy Number

Print Name

Date

<i>SERFF Tracking Number:</i>	<i>AXLM-125476456</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>AV-2008-T1</i>		
<i>TOI:</i>	<i>22.0 Aircraft</i>	<i>Sub-TOI:</i>	<i>22.0000 Aircraft</i>
<i>Product Name:</i>	<i>Aviation</i>		
<i>Project Name/Number:</i>	<i>Terrorism Disclosure Notices/AV-2008-T1</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AXLM-125476456 State: Arkansas
Filing Company: AXA Insurance Company State Tracking Number: #? \$0
Company Tracking Number: AV-2008-T1
TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
Product Name: Aviation
Project Name/Number: Terrorism Disclosure Notices/AV-2008-T1

Supporting Document Schedules

Review Status:
Bypassed -Name: Uniform Transmittal Document- Accepted for Informational 02/20/2008
Property & Casualty Purposes
Bypass Reason: This filing is being submitted under the expedited filing procedure for TRIA. The usual filing forms and documentation are not required to be filed.

Comments:

Review Status:
Satisfied -Name: Cover Letter Accepted for Informational 02/20/2008
Purposes

Comments:

Attachment:
Arkansas.pdf

Review Status:
Satisfied -Name: Expedited Filing Form for TRIA Accepted for Informational 02/20/2008
Purposes

Comments:

Attachment:
Arkansas Expedited Filing Form AV.pdf



February 6, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: Aviation
Disclosure Notices for Terrorism Coverage
TRIA Reauthorization Act of 2007
Informational Filing
AXA Insurance Company

Dear Ms. Benafield:

AXA Insurance Company is submitting the disclosure notices we will use with our Aviation program in connection with the Terrorism Risk Insurance Reauthorization Act of 2007 which extends TRIA until 12/31/2014. The wording is identical to the NAIC suggested wording. This submission is being made for informational purposes only. We will use the following disclosure notices:

New and Renewal Business Policyholder Disclosure Notice of Terrorism Insurance Coverage	TD-AV-5 (1/08)
In-Force Business Policyholder Disclosure Notice of Terrorism Insurance Coverage	TD-AV-4 (1/08)

In support of this submission, the Expedited Filing Transmittal Document and a copy of each disclosure notice are attached.

We will begin using these disclosure notices effective February 7, 2008.

Very truly yours,

Linda Gross
Assistant Vice President
Tel: (212) 658-8743
FAX: (212) 658-8780
Linda.Gross@AXA-Liabilitiesmanagers.com

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

This page applies to the following state(s) Arkansas

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 #
AXA Insurance Company	New York	33022	13-3594502

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Linda Gross Assistant Vice President AXA Insurance Company 17 State Street New York, NY 10004	(212) 658-8743	(212) 658-8780	Linda.Gross@AXA-Liabilitiesmanagers.com

Filing information

Line of Insurance (see attachment)	22
Company Program Title (Marketing title) (if applicable)	Aircraft
Filing Type ** see note below	Disclosure Notice
This application is used with:	Aircraft
Effective Date Requested	2/7/08
Filing date	2/6/08
Company Tracking Number	AV-2008-T1
Date filing approved in domiciliary state, if applicable	

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	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	New and Renewal Business Policyholder Disclosure Notice of Terrorism Insurance Coverage	TD-AV-5 (1/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	TD-AV-1E (2/06)	
02	In-Force Business Policyholder Disclosure Notice of Terrorism Insurance Coverage	TD-AV-4 (1/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	TD-AV-2E (2/06)	

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.

Linda Gross
Signature

Linda Gross
Print Name:

Assistant Vice President
Title: