

SERFF Tracking Number: AXLM-125500339 State: Arkansas  
Filing Company: AXA Insurance Company State Tracking Number: # \$0  
Company Tracking Number: CIM-2008-T1  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: Commercial Inland Marine  
Project Name/Number: Terrorism Disclosure Notice/CIM-2008-T1

## Filing at a Glance

Company: AXA Insurance Company  
Product Name: Commercial Inland Marine SERFF Tr Num: AXLM-125500339 State: Arkansas  
TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: # \$0  
Sub-TOI: 09.0005 Other Commercial Inland Marine Co Tr Num: CIM-2008-T1 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding  
Author: Linda Gross Disposition Date: 02/29/2008  
Date Submitted: 02/20/2008 Disposition Status: Approved  
Effective Date Requested (New): 02/21/2008 Effective Date (New): 02/21/2008  
Effective Date Requested (Renewal): 02/21/2008 Effective Date (Renewal): 02/21/2008

### State Filing Description:

Terrorish Disclosure for informational purpose only.

## General Information

Project Name: Terrorism Disclosure Notice  
Project Number: CIM-2008-T1  
Reference Organization:  
Reference Title:  
Filing Status Changed: 02/29/2008  
State Status Changed: 02/29/2008  
Corresponding Filing Tracking Number:  
Filing Description:

Status of Filing in Domicile:  
Domicile Status Comments:  
Reference Number:  
Advisory Org. Circular:  
Deemer Date:

AXA Insurance Company is submitting the disclosure notice we will use with our Commercial Inland Marine 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 notice:

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**New and Renewal Business Notice – Offer of Terrorism**

Coverage Notice – Disclosure of Terrorism Premium TD-P-5 (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  
Group Code:  
Group Name:  
FEIN Number: 13-3594502  
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State of Domicile: New York  
Company Type:  
State ID Number: 1633

## Filing Fees

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

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/29/2008	02/29/2008

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## **Disposition**

Disposition Date: 02/29/2008

Effective Date (New): 02/21/2008

Effective Date (Renewal): 02/21/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes
<b>Supporting Document</b>	Expedited Filing Form for Terrorism	Approved	Yes
<b>Form</b>	New and Renewal Business Notice - Offer of Terrorism Coverage Notice - Disclosure of Terrorism Premium	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	New and Renewal Business Notice - Offer of Terrorism Coverage Notice - Disclosure of Terrorism Premium	TD-P-5	1/08	Disclosure/ Replaced Notice	Replaced Form #:0.00 TD-P-1Ea (2/06) Previous Filing #: Unknown		Prop - New&Renewal Reauth.pdf



**AXA Insurance Company**

**Commercial Property, Commercial Inland Marine, Boiler & Machinery**

**New and Renewal Business**

**NOTICE - OFFER OF TERRORISM COVERAGE  
NOTICE - DISCLOSURE OF PREMIUM**

You are hereby notified that under the Terrorism Risk Insurance Act, 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**

**Standard Fire Policy States** make exceptions for (and thereby provide coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism in these states. For all other states, your rejection excludes all losses from certified acts of terrorism and fire losses resulting from certified acts of terrorism.

	I hereby elect to purchase coverage for acts of terrorism for a premium of: \$ _____.
	I hereby decline to purchase coverage for acts of terrorism, where applicable. I will retain coverage for only fire following for a premium of: \$ _____.

**Non- Standard Fire Policy States:**

	I hereby elect to purchase coverage for acts of terrorism 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..

**Your total premium for terrorism coverage is the sum of the premium for Standard Fire Policy states and the premium for Non Standard Fire Policy states.**

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date

Arizona, Idaho, Louisiana, Michigan, Nebraska, New Hampshire, North Dakota, Pennsylvania and Rhode Island exclude terrorism losses on commercial property policies.

Connecticut, Minnesota and Virginia exclude coverage for fire following a "certified act of terrorism". Fire coverage is required following an act of terrorism that is not a "certified act of terrorism".

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:**  
**Bypassed -Name:** Uniform Transmittal Document- Property & Casualty **Approved** 02/29/2008  
**Bypass Reason:** This filing is being submitted for informational purposes under the expedited filing procedure for TRIA. The usual filing forms, documentation and filing fees are not required to be filed.  
**Comments:**

**Review Status:**  
**Satisfied -Name:** Cover Letter **Approved** 02/29/2008  
**Comments:**  
**Attachment:**  
Arkansas.pdf

**Review Status:**  
**Satisfied -Name:** Expedited Filing Form for Terrorism **Approved** 02/29/2008  
**Comments:**  
**Attachment:**  
Arkansas CIM Expedited Filing Form.pdf



February 20, 2008

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

RE: Commercial Inland Marine  
Disclosure Notice for Terrorism Coverage  
TRIA Reauthorization Act of 2007  
Informational Filing  
AXA Insurance Company

Dear Ms. Bowman:

AXA Insurance Company is submitting the disclosure notice we will use with our Commercial Inland Marine 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 notice:

New and Renewal Business Notice – Offer of Terrorism  
Coverage Notice – Disclosure of Terrorism Premium

TD-P-5 (1/08)

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

We will begin using this disclosure notice effective February 21, 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)	Commercial Inland Marine
Company Program Title (Marketing title) (if applicable)	Commercial Inland Marine
Filing Type ** see note below	Disclosure Notice
This application is used with:	Commercial Inland Marine
Effective Date Requested	<u>2/21/08</u>
Filing date	<u>2/20/08</u>
Company Tracking Number	<u>CM-2008-T1</u>
Date filing approved in domiciliary state, if applicable	

	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	New and Renewal Business Notice-Offer of Terrorism Coverage Notice-Disclosure	TD-P-5 (1/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	TD-P-1Ea (2/06)	<u>Un Known</u>
02	of Terrorism Premium		<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.

Linda Gross  
Signature

Linda Gross  
Print Name:

Assistant Vice President  
Title: