

SERFF Tracking Number: CAPC-125485048 State: Arkansas  
Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50  
Company Tracking Number: 08-INTER-FO-MU-016  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Terrorism Reauthorization Act of 2007  
Project Name/Number: Terrorism Reauthorization Act of 2007/08-INTER-FO-MU-016

## Filing at a Glance

Company: Capitol Indemnity Corporation

Product Name: Terrorism Reauthorization Act of 2007 SERFF Tr Num: CAPC-125485048 State: Arkansas

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: 08-INTER-FO-MU-016 State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Authors: Mary Ann Delehanty,  
Amanda Mullen, Stephanie Pasker

Disposition Date: 02/22/2008

Date Submitted: 02/14/2008

Disposition Status: Approved

Effective Date Requested (New): 03/29/2008

Effective Date (New): 03/29/2008

Effective Date Requested (Renewal): 03/29/2008

Effective Date (Renewal):  
03/29/2008

State Filing Description:

## General Information

Project Name: Terrorism Reauthorization Act of 2007

Status of Filing in Domicile: Pending

Project Number: 08-INTER-FO-MU-016

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/22/2008

State Status Changed: 02/22/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

TERRORISM REAUTHORIZATION ACT OF 2007

In response to the Terrorism Risk Insurance Program Reauthorization Act of 2007, please replace our currently filed and approved disclosure notices.

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Notice - Offer Of Terrorism Coverage Notice - Disclosure Of Premium CGE 064 (02-06) replace with Notice - Offer Of  
 Terrorism Coverage Notice - Disclosure Of Premium CGE 064 (01-08)

and

Policyholder Disclosure Notice Of Terrorism Insurance Coverage CGE 085 (02-06) replace with  
 Policyholder Disclosure Notice Of Terrorism Insurance Coverage CGE 085 (01-08)

We have authorized ISO to file forms on our behalf and are using their revisions.

At this time we are not amending our independent and previously filed and approved exceptions pages to the ISO  
 "Terrorism Supplement to the Commercial Lines Manual".

## Company and Contact

### Filing Contact Information

Mary Ann Delehanty, Product Analyst madelehanty@capitolindemnity.com  
 PO Box 5900 (608) 829-4241 [Phone]  
 Madison, WI 53705 (608) 829-7402[FAX]

### Filing Company Information

|                               |                         |                              |
|-------------------------------|-------------------------|------------------------------|
| Capitol Indemnity Corporation | CoCode: 10472           | State of Domicile: Wisconsin |
| PO Box 5900                   | Group Code: 501         | Company Type:                |
| Madison, WI 53705             | Group Name:             | State ID Number:             |
| (608) 829-4200 ext. [Phone]   | FEIN Number: 39-0971527 |                              |

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## Filing Fees

|                  |                    |
|------------------|--------------------|
| Fee Required?    | Yes                |
| Fee Amount:      | \$50.00            |
| Retaliatory?     | No                 |
| Fee Explanation: | \$50.00 per filing |
| Per Company:     | No                 |

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| COMPANY                       | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|-------------------------------|---------|----------------|---------------|
| Capitol Indemnity Corporation | \$50.00 | 02/14/2008     | 17972217      |

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## Correspondence Summary

### Dispositions

| Status   | Created By       | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 02/22/2008 | 02/22/2008     |

*SERFF Tracking Number:* CAPC-125485048      *State:* Arkansas  
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## **Disposition**

Disposition Date: 02/22/2008

Effective Date (New): 03/29/2008

Effective Date (Renewal): 03/29/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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| Item Type           | Item Name                                                       | Item Status | Public Access |
|---------------------|-----------------------------------------------------------------|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty                | Approved    | Yes           |
| Supporting Document | Expedited Filing Transmittal Document                           | Approved    | Yes           |
| Form                | NOTICE-OFFER OF TERRORISM COVERAGE NOTICE-DISCLOSURE OF PREMIUM | Approved    | Yes           |
| Form                | POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE  | Approved    | Yes           |

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## Form Schedule

| Review Status | Form Name                                                       | Form # | Edition Date | Form Type Action            | Action Specific Data                                   | Readability | Attachment                                      |
|---------------|-----------------------------------------------------------------|--------|--------------|-----------------------------|--------------------------------------------------------|-------------|-------------------------------------------------|
| Approved      | NOTICE-OFFER OF TERRORISM COVERAGE NOTICE-DISCLOSURE OF PREMIUM | CGE064 | 01-08        | Disclosure/ Replaced Notice | Replaced Form #:0.00 CGE064 (02-06) Previous Filing #: |             | CGE064 _01 08_ Terrorism Notice new-renewal.pdf |
| Approved      | POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE  | CGE085 | 01-08        | Disclosure/ Replaced Notice | Replaced Form #:0.00 CGE085 (02-06) Previous Filing #: |             | CGE085 _01 08_ POLICYHOLDER DISCLOSURE.pdf      |

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

**Named Insured:** \_\_\_\_\_

**Attached to Policy Number:** \_\_\_\_\_

**POLICY PERIOD** \_\_\_\_\_

The Terrorism Risk Insurance Act of 2002 established a program within the Department of the Treasury, under which the federal government shares with the insurance industry the risk of loss from future terrorist attacks. In December 2007, the Terrorism Risk Insurance Program Reauthorization Act of 2007 (the "Reauthorization Act") extended this program through December 31, 2014. Under the "Reauthorization Act":

- An act of terrorism must cause losses of at least \$100 million;
- Must be a "certified act of terrorism" as recognized by the U. S. Treasury Department
- Revised the definition of a "certified act of terrorism" to include domestic as well as foreign terrorists.
- A cap limits the U. S. Government reimbursement as well as insurers' liability for losses resulting from a "certified act of terrorism" when the amount of such losses in any one calendar year (January 1 through December 31) exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

In accordance with the "Reauthorization Act" of 2007, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism committed by an individual(s) acting on behalf of a foreign or domestic person or foreign or domestic interest. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and decline to pay the premium? You may accept or reject this offer.

See the section of this Notice titled **DISCLOSURE OF PREMIUM**. If you choose to accept this offer of coverage your total policy premium will include the additional premium for terrorism as stated in such **DISCLOSURE**.

**DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES**

Terrorism coverage provided by this policy for losses resulting from "certified acts of terrorism" may be partially reimbursed by the U. S. Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, (for example, nuclear or war exclusions. Under the formula, the U. S Government's share equals 85% of the insured losses that exceed the applicable insurer retention.

**DISCLOSURE OF PREMIUM**

If you accept this offer, no signature is needed. The premium for terrorism coverage is \$ \_\_\_\_\_.

You may choose to reject the offer by signing the enclosed statement and returning it to us by the premium due date, and your policy will be endorsed to exclude the described coverage.

**ENCLOSURE - REJECTION STATEMENT**

I hereby reject the offer of terrorism coverage. I understand that an **exclusion** of certain terrorism losses will be made part of this policy.

\_\_\_\_\_  
**Signature (Named Insured)**

\_\_\_\_\_  
**Dated**

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, and the Terrorism Risk Insurance Program Reauthorization Act of 2007, that you have a right to purchase insurance coverage for losses arising out of 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. Coverage under your existing policy may be affected as follows:

**IF THIS POLICY IS A RENEWAL OF A POLICY ON WHICH YOU PREVIOUSLY REJECTED TERRORISM COVERAGE, THEN THIS POLICY HAS BEEN ISSUED WITHOUT TERRORISM COVERAGE.** YOU STILL HAVE AN OPPORTUNITY TO OBTAIN TERRORISM COVERAGE. ALL YOU HAVE TO DO IS NOTIFY YOUR AGENT OF YOUR DESIRE TO ACCEPT THIS OFFER AND PAY THE ADDITIONAL PREMIUM INDICATED BELOW. IF YOU ACCEPT THIS OFFER AND YOUR POLICY IS BILLED DIRECT TO YOU, WE WILL ADD THE ADDITIONAL PREMIUM DUE TO THE BALANCE OF YOUR DIRECT BILL STATEMENT. IF YOU DO NOT USE THE DIRECT BILL OPTION, YOU WILL RECEIVE A BILL FROM YOUR AGENT.

**DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES**

IF YOU ACCEPT THIS OFFER TO ADD TERRORISM COVERAGE TO YOUR POLICY, TERRORISM COVERAGE PROVIDED BY THE POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM WILL BE PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, IN 2007 THE UNITED STATES WILL PAY 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 COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, (FOR EXAMPLE, NUCLEAR OR WAR EXCLUSIONS).

THE TERRORISM RISK INSURANCE ACT, AS AMENDED IN 2007 CONTAINS A \$100 BILLION CAP THAT LIMITS THE 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 (JANUARY 1 THROUGH DECEMBER 31) EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

**SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE**

YOU HAVE THIRTY (30) DAYS FROM THE INCEPTION DATE OF YOUR POLICY TO CONSIDER THIS OFFER OF COVERAGE FOR TERRORIST ACTS. TERRORISM EXCLUSION WILL REMAIN ON YOUR POLICY AND YOU WILL NOT BE COVERED FOR LOSSES ARISING FROM TERRORIST ACTS IF WE DO NOT RECEIVE NOTICE OF YOUR ELECTION TO PURCHASE TERRORISM COVERAGE WITHIN THE TIMEFRAME STATED ABOVE.

|  |                                                                                                                                                               |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | I hereby elect to purchase Terrorism coverage for a prospective premium of \$ _____.                                                                          |
|  | I hereby reject the terrorism coverage offer. I understand that I will have no coverage for losses arising from acts of terrorism as outlined in this Notice. |

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

\_\_\_\_\_  
Insurance Company

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

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

\_\_\_\_\_  
Date

*SERFF Tracking Number:*      *CAPC-125485048*                      *State:*                      *Arkansas*  
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## **Rate Information**

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## Supporting Document Schedules

**Bypassed -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 02/22/2008  
**Bypass Reason:** Non Applicable - See Expedited Transmittal  
**Comments:**

**Satisfied -Name:** Expedited Filing Transmittal  
Document **Review Status:** Approved 02/22/2008  
**Comments:**  
**Attachment:**  
Expedited Filing Transmittal.pdf

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

|                                                                                       |
|---------------------------------------------------------------------------------------|
| Indicate Type of Filing                                                               |
| X 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 #     |
|-------------------------------|----------|--------|------------|
| CAPITOL INDEMNITY CORPORATION | WI       | 10472  | 39-0971527 |

**Contact Info for Filer**

| Name and address of Filer(s)                                                                 | Telephone #  | FAX #        | e-mail                        |
|----------------------------------------------------------------------------------------------|--------------|--------------|-------------------------------|
| Mary Ann Delehanty, Amanda Mullen, Stephanie Pasker<br>P O Box 5900<br>Madison WI 53705-0900 | 608-829-4200 | 608-829-7402 | akmullen@capitolindemnity.com |

**Filing information**

|                                                          |                                                      |
|----------------------------------------------------------|------------------------------------------------------|
| Line of Insurance (see attachment)                       | INTERLINE                                            |
| Company Program Title (Marketing title) (if applicable)  |                                                      |
| Filing Type ** see note below                            |                                                      |
| This application is used with:                           |                                                      |
| Effective Date Requested                                 | 12-26-2007                                           |
| Filing date                                              | 02-13-2008                                           |
| Company Tracking Number                                  | 08-INTER-FO-MU-016                                   |
| Date filing approved in domiciliary state, if applicable | Not yet approved. Filed on same date as this filing. |

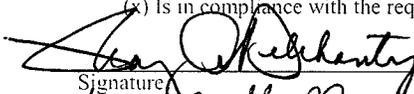
|    | Component/Form Name /Description/Synopsis                       | Form # or Rate Page Include edition date | Replacement Or withdrawn?                                                                                                 | If replacement, give form # or rate page(s) it replaces | Previous State Filing Number, if required by state |
|----|-----------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------|
| 01 | Notice-Offer of Terrorism Coverage Notice-Disclosure of Premium | CGE 064 (01-08)                          | <input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither | CGE 064 (02-06)                                         |                                                    |
| 02 | Policyholder Disclosure Notice of Terrorism Insurance Coverage  | CGE 085 (01-08)                          | <input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither | CGE 085 (02-06)                                         |                                                    |

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:

- (x) Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- (x) Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

|                                                                                     |                    |                 |
|-------------------------------------------------------------------------------------|--------------------|-----------------|
|  | Mary Ann Delehanty | Product Analyst |
| Signature                                                                           | Print Name:        | Title:          |
|  | Amanda Mullen      | Product Analyst |
| Signature                                                                           | Print Name:        | Title:          |
|  | Stephanie Pasker   | Product Analyst |
| Signature                                                                           | Print Name:        | Title:          |