

SERFF Tracking Number: CNNA-125466068 State: Arkansas  
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: CBD-08-6005-AR  
TOI: 23.0/24.0 Fidelity & Surety Sub-TOI: 23.0000/24.0000 Fidelity & Surety  
Product Name: CBD-08-6005-AR  
Project Name/Number: /

## Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CBD-08-6005-AR

TOI: 23.0/24.0 Fidelity & Surety

Sub-TOI: 23.0000/24.0000 Fidelity & Surety

Filing Type: Form

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal):

State Filing Description:

SERFF Tr Num: CNNA-125466068 State: Arkansas

SERFF Status: Closed

Co Tr Num: CBD-08-6005-AR

Co Status:

Author: Sharon Grubbs

Date Submitted: 01/30/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

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

Disposition Date: 02/12/2008

Disposition Status: Approved

Effective Date (New): 02/12/2008

Effective Date (Renewal):

## General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 02/12/2008

State Status Changed: 02/11/2008

Corresponding Filing Tracking Number:

Filing Description:

At this time, we wish to file form(s) per the attached memorandum.

Final copies are attached for your review.

Filing Fees are now set up through the Electronic Funds Transfer System (EFT).

Your approval is respectfully requested for use on policies effective on or after your date of approval.

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 Product Name: CBD-08-6005-AR  
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## Company and Contact

### Filing Contact Information

Sharon Grubbs, Senior Filings Analyst sharon\_grubbs@cinfin.com  
 6200 S. Gilmore Road (513) 870-2091 [Phone]  
 Fairfield, OH 45014

### Filing Company Information

The Cincinnati Insurance Company CoCode: 10677 State of Domicile: Ohio  
 6200 S. Gilmore Road Group Code: 244 Company Type:  
 Fairfield, OH 45014 Group Name: State ID Number:  
 (513) 870-2000 ext. [Phone] FEIN Number: 31-0542366  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$50.00	01/30/2008	17737291

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/12/2008	02/12/2008

*SERFF Tracking Number:*      *CNNA-125466068*                      *State:*                      *Arkansas*  
*Filing Company:*              *The Cincinnati Insurance Company*              *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *CBD-08-6005-AR*  
*TOI:*                      *23.0/24.0 Fidelity & Surety*                      *Sub-TOI:*                      *23.0000/24.0000 Fidelity & Surety*  
*Product Name:*              *CBD-08-6005-AR*  
*Project Name/Number:*      /

## **Disposition**

Disposition Date: 02/12/2008

Effective Date (New): 02/12/2008

Effective Date (Renewal):

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	FORM FILING SCHEDULE	Approved	Yes
Form	TERRORISM EXCLUSION	Approved	Yes
Form	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	TERRORISM EXCLUSION	BC 326	01 08	Other	Replaced	Replaced Form #:0.00 BC 326 01 06 Previous Filing #: CBD-06-6006-AR		BC326 01-08.pdf
Approved	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	BC 456	01 08	Other	Replaced	Replaced Form #:0.00 BC 456 01 06 Previous Filing #: CBD-06-6006-AR		BC456 01-08.pdf

## ENDORSEMENT

No. \_\_\_\_\_

Attached to and Forming Part of Policy No. \_\_\_\_\_

Effective date of Endorsement \_\_\_\_\_

Issued to \_\_\_\_\_

### TERRORISM EXCLUSION

This endorsement modifies insurance provided under the following:

**BLUE CHIP POLICY  
FINANCIAL INSTITUTIONS BLUE CHIP POLICY  
HEALTH CARE INSTITUTIONS BLUE CHIP POLICY  
PUBLICLY TRADED COMPANY BLUE CHIP POLICY  
NON - PROFIT ORGANIZATION BLUE CHIP POLICY**

The **GENERAL PROVISIONS APPLICABLE TO ALL COVERAGE PARTS FORMING THIS POLICY** is amended as follows:

**I. SECTION I - EXCLUSIONS** is amended to include the following:

We are not liable to pay, indemnify or defend any "claim" based upon, arising out of, directly or indirectly resulting from or in consequence of, or in any way involving a "certified act of terrorism" or any "other act of terrorism", regardless of any other cause or event that contributes concurrently or in any sequence to the injury or damage.

However, with respect to an "other act of terrorism", this exclusion only applies if one or more of the following are attributable to an "other act of terrorism":

1. The total of insured damage to all types of property exceeds \$25,000,000. In determining whether the \$25,000,000 threshold is exceeded, we will include all insured damage sustained by property of all persons and entities affected by an "other act of terrorism" and business interruption losses sustained by owners or occupants of the damaged property. For the purpose of this provision, insured damage means damage that is covered by any insurance plus damage that would be covered by any insurance but for the application of any terrorism exclusions;
2. Fifty or more persons sustain death or serious physical injury. For the purposes of this provision, serious physical injury means:
  - a. Physical injury that involves a substantial risk of death;
  - b. Protracted and obvious physical disfigurement; or
  - c. Protracted loss of or impairment of the function of a bodily member or organ;
3. The "other act of terrorism" involves the use, release or escape of nuclear materials, or directly or indirectly results in nuclear reaction or radiation or radioactive contamination;
4. The "other act of terrorism" is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
5. Pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the "other act of terrorism" was to release such materials,

Paragraphs 1, and 2, immediately preceding, describe the thresholds used to measure the magnitude of an "other act of terrorism" and the circumstances in which the threshold will apply for the purpose of determining whether this exclusion will apply to that "other act of terrorism". When this exclusion applies to an "other act of terrorism", there is no coverage under this policy.

Multiple incidents of "other acts of terrorism" which occur within a seventy-two hour period and appear to be carried out in concert or to have a related purpose or common leadership shall be considered to be one incident.

**II. SECTION XX - DEFINITIONS** is amended to include the following:

- A.** "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,
- B.** "Other act of terrorism" means a violent act or an act that is dangerous to human life, property or infrastructure that is committed by an individual or individuals and that appears to be part of an effort to coerce the civilian population or to influence the policy or affect the conduct of any government by coercion, and the act is not a "certified act of terrorism".

**III. SECTION XXI - APPLICATION OF OTHER EXCLUSIONS** is added:

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any "loss" which would otherwise be excluded under this policy, such as "losses" excluded by:

1. Exclusions that address war, warlike action, insurrection, rebellion, revolution, military action, nuclear hazard, nuclear materials, nuclear reaction, radiation, or radioactive contamination;
2. Exclusions that address pollutants, contamination, deterioration, fungi or bacteria; or
3. Any other exclusion,

regardless if the "certified act of terrorism" or "other act of terrorism" contributes concurrently or in any sequence to the "loss", injury or damage.

**IV. SUPERSESION**

The exclusion stated in Section I, of this endorsement supersedes any offer of terrorism coverage.

**V. SUNSET CLAUSE**

If the federal Terrorism Risk Insurance Act expires or is repealed, then this endorsement is null and void for any act of terrorism, except "other acts of terrorism", that takes place after the expiration or repeal of the Act.

All other provisions of the policy remain unchanged except as herein expressly modified.

## ENDORSEMENT

No. \_\_\_\_\_

Attached to and Forming Part of Policy No.

Effective date of Endorsement

Issued to

### **CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM**

This endorsement modifies insurance provided under the following:

**BLUE CHIP POLICY  
FINANCIAL INSTITUTIONS BLUE CHIP POLICY  
HEALTH CARE INSTITUTIONS BLUE CHIP POLICY  
PUBLICLY TRADED COMPANY BLUE CHIP POLICY  
NON - PROFIT ORGANIZATION BLUE CHIP POLICY**

The **GENERAL PROVISIONS APPLICABLE TO ALL COVERAGE PARTS FORMING THIS POLICY** is amended as follows:

**I. SECTION XX - DEFINITIONS** is amended to include the following:

"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.

**II. SECTION XXI - APPLICATION OF OTHER EXCLUSIONS** is added:

The terms and limitations of any terrorism exclusion, or the inapplicability, omission or absence of a terrorism exclusion does not serve to create coverage for any "loss" which would otherwise be excluded under this policy, such as "losses" excluded by:

1. Exclusions that address war, warlike action, insurrection, rebellion, revolution, military action, nuclear hazard, nuclear materials, nuclear reaction, radiation, or radioactive contamination;
2. Exclusions that address pollutants, contamination, deterioration, fungi or bacteria; or
3. Any other exclusion,

regardless if the "certified act of terrorism" contributes concurrently or in any sequence to the "loss".

**III. SECTION XXII - CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM** is added:

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.

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Services, Inc., with their permission.

#### **IV. SUNSET CLAUSE**

If the federal Terrorism Risk Insurance Act expires or is repealed, then this endorsement is null and void for any act of terrorism that takes place after the expiration or repeal of the Act.

All other provisions of the policy remain unchanged except as herein expressly modified.

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*Product Name:*              *CBD-08-6005-AR*  
*Project Name/Number:*      /

## **Rate Information**

Rate data does NOT apply to filing.

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Product Name: CBD-08-6005-AR  
Project Name/Number: /

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 02/12/2008

**Comments:**  
PROPERTY AND CASUALTY TRANSMITTAL

**Attachment:**  
F777AR\_307[1].pdf

**Satisfied -Name:** FORM FILING SCHEDULE **Review Status:** Approved 02/12/2008

**Comments:**  
FORM FILING SCHEDULE

**Attachment:**  
F778AR\_307[1].pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

<b>3. Group Name</b>	<b>Group NAIC #</b>
The Cincinnati Insurance Company	0244

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	Ohio	0244-10677	31-0542366	03

<b>5. Company Tracking Number</b>	<b>CBD-08-6005-AR</b>
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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
	Sharon Grubbs 6200 South Gilmore Road Fairfield, Ohio 45014	Senior Filing Analyst	513-870-2091	513-870-2097	sharon_grubbs@cinfin.com
<b>7.</b>	Signature of authorized filer		<i>Sharon Grubbs</i>		
<b>8.</b>	Please print name of authorized filer		Sharon Grubbs		

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

<b>9. Type of Insurance (TOI)</b>	Bond
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Bond
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	n/a
<b>12. Company Program Title</b> (Marketing title)	n/a
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New: UPON APPROVAL      Renewal:
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	n/a
<b>17. Reference Organization # &amp; Title</b>	n/a
<b>18. Company's Date of Filing</b>	01-30-08
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	CBD-08-6005-AR
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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See Memorandum

<b>22. Filing Fees</b> (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]
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**Check #:** EFT FILING

**Amount:** \$50

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

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

## FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>CBD-08-6005-AR</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>N/A</b>			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	TERRORISM EXCLUSION	BC 326 01 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BC 326 01 06	CBD-06-6006-AR
02	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	BC 456 01 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BC 456 01 06	CBD-06-6006-AR
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		