

SERFF Tracking Number: EVST-125444813 State: Arkansas
Filing Company: Everest National Insurance Company State Tracking Number: #36068 \$50
Company Tracking Number: AR-CP-20022691
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Commercial Property
Project Name/Number: CW-CP-20019750/Terrorism -Disclosure Notices

Filing at a Glance

Company: Everest National Insurance Company

Product Name: Commercial Property	SERFF Tr Num: EVST-125444813	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: #36068 \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: AR-CP-20022691	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Vanessa King	Disposition Date: 02/07/2008
	Date Submitted: 01/26/2008	Disposition Status: Approved
Effective Date Requested (New): 01/01/2008		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008		Effective Date (Renewal): 01/01/2008

State Filing Description:

General Information

Project Name: CW-CP-20019750
Project Number: Terrorism -Disclosure Notices
Reference Organization:
Reference Title:
Filing Status Changed: 02/07/2008
State Status Changed: 02/05/2008
Corresponding Filing Tracking Number:
Filing Description:

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

We are filing disclosure notices in response to the Terrorism Risk Insurance Program Reauthorization Act of 2007.

Company and Contact

Filing Contact Information

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Vanessa King, Associate Manager, Filing and Regulation vanessa.king@everestre.com

P.O. Box 830 (908) 604-3267 [Phone]
Liberty Corner, NJ 07938-0830 (908) 604-3546[FAX]

Filing Company Information

Everest National Insurance Company CoCode: 10120 State of Domicile: Delaware
477 Martinsville Road Group Code: 1120 Company Type:
P.O. Box 830
Liberty Corner, NJ 07938-0830 Group Name: Everest Re Group, State ID Number:
Ltd.
(908) 604-3000 ext. [Phone] FEIN Number: 22-2660372

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Everest National Insurance Company	\$0.00	01/26/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
036068	\$50.00	11/28/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/07/2008	02/07/2008

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Disposition

Disposition Date: 02/07/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

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
Form	NOTICE – DISCLOSURE OF PREMIUM	Approved	Yes
Form	NOTICE – DISCLOSURE OF 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	NOTICE – DISCLOSURE OF PREMIUM	EN IL TR 19 01 08	01 08	Disclosure/ Replaced Notice	Replaced Form #:0.00 EN IL TR 19 01 06 Previous Filing #: AR-CP-20017048		EN IL TR 19 01 08.pdf
Approved	NOTICE – DISCLOSURE OF PREMIUM	EN IL TR 20 01 08	01 08	Disclosure/ Replaced Notice	Replaced Form #:0.00 EN IL TR 20 01 06 Previous Filing #: AR-CP-20017048		EN IL TR 20 01 08.pdf

NOTICE - OFFER OF TERRORISM COVERAGE NOTICE – DISCLOSURE OF PREMIUM

The Terrorism Risk Insurance Act, as extended on December 26, 2007 by the enactment of the Terrorism Risk Insurance Program Reauthorization Act of 2007, is a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from terrorist attacks. The Act applies when the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, certifies that an event meets the definition of a “certified act of terrorism”. The Act provides that, to be certified, an act of terrorism must result in insured losses in excess of five million dollars and must have been committed by an individual or individuals as part of an effort to coerce the government or population of the United States. As used in this notice, “certified act of terrorism” means an act of terrorism **that is certified under the federal program as an act of terrorism**. The definition of “certified acts of terrorism” no longer requires that the act of terrorism be committed by or on behalf of a foreign interest. **Therefore, “certified acts of terrorism” are no longer limited to an act of terrorism committed by or on behalf of a foreign interest.**

In accordance with the Terrorism Risk Insurance Act, as extended on December 26, 2007, we are required to offer you coverage for any “certified act of terrorism” 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 not 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 premium will include the additional premium for terrorism as stated in such **DISCLOSURE**. Payment of the additional premium will constitute acceptance of this offer. If you choose to reject this offer, you must do so by signing the enclosed statement and returning it to your agent or broker.

If you **accept** coverage under the Act, eligible lines of insurance within your policy will contain a cap on payment of damages that are from “certified acts of terrorism” reflecting the limits established by the Act. If permitted by your state, your policy will also contain an exclusion for punitive damages resulting from “certified acts of terrorism”, since punitive damages are excluded under the Act. If you **reject** coverage under the Act, your policy will contain an exclusion for “certified acts of terrorism”.

LIMITATION ON PAYMENT OF TERRORISM LOSSES (applies to policies which cover terrorism losses insured under the federal program, including those which only cover fire losses)

The provisions of the Terrorism Risk Insurance Act, as extended on December 26, 2007, can limit our maximum liability for payment of losses from “certified acts of terrorism”. That determination will be based on a formula set forth in the law involving the national total of federally insured terrorism losses in a Program Year (January 1 through December 31) and individual insurer participation in payment of such losses.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

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. Under this formula, the United States Government pays 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.

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.

DISCLOSURE OF PREMIUM - If you accept this offer, the premium for terrorism coverage is an additional _____ of your policy premium.

By law, some states do not allow you to reject first party property coverage for fire following an act of terrorism. If you reject this offer and your state requires that we provide you with terrorism coverage for fire following terrorism, the premium for the required first party fire following terrorism coverage is \$_____. (If "N/A" appears, this type of coverage is not applicable to your policy.)

Named Insured _____

Policy/binder/quote No. _____

IF YOU WISH TO REJECT COVERAGE UNDER THE TERRORISM RISK INSURANCE ACT, AS EXTENDED ON DECEMBER 26, 2007, THE FIRST NAMED INSURED IF AN INDIVIDUAL, OR AN AUTHORIZED OFFICER, PARTNER OR MEMBER MUST SIGN ONE OF THESE STATEMENTS

TERRORISM RISK INSURANCE ACT REJECTION OF COVERAGE

I acknowledge that I have been notified as required under the Terrorism Risk Insurance Act, as extended on December 26, 2007, that as respects to the above numbered insurance policy issued to me:

1. I have been offered coverage for acts of terrorism as defined in the Act;
2. I have been advised that if I accept coverage for acts of terrorism as defined in the Act, the United States Government will participate in the payment of terrorism losses insured under the Act, subject to the provisions of the Act;
3. I have been told that if I reject coverage under the Act by signing this notice, to the extent allowed by law, I will have no coverage for any act of terrorism under this policy.
4. I have been notified of the annual premium for coverage for acts of terrorism as defined in the Act.
5. I hereby **reject** coverage for acts of terrorism as defined in the Act and understand my policy will contain an exclusion for acts of terrorism.

Policyholder/applicant's signature

Date

Print name

RETURN THIS FORM TO YOUR AGENT OR BROKER. A COPY OF THIS DOCUMENT IS AS BINDING AS THE ORIGINAL.

ATTENTION AGENT OR BROKER: THIS FORM MUST BE SIGNED PERSONALLY BY THE INSURED, OR AUTHORIZED OFFICER, PARTNER OR MEMBER AND RETURNED BACK THROUGH ANY APPLICABLE INTERMEDIARY AGENT/ BROKER/ WHOLESALER TO THE COMPANY OR PROGRAM ADMINISTRATOR.

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See the section of this Notice titled **DISCLOSURE OF PREMIUM**. If you choose to accept this offer of coverage, your premium will include the additional premium for terrorism as stated in such **DISCLOSURE**. Payment of the additional premium will constitute acceptance of this offer. If you choose to reject this offer, you must do so by signing the enclosed statement and returning it to your agent or broker.

If you **accept** coverage under the Act, eligible lines of insurance within your policy will contain a cap on payment of damages that are from “certified acts of terrorism” reflecting the limits established by the Act. If permitted by your state, your policy will also contain an exclusion for punitive damages resulting from “certified acts of terrorism”, since punitive damages are excluded under the Act. If you **reject** coverage under the Act, your policy will contain an exclusion for “certified acts of terrorism”.

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DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

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. Under this formula, the United States Government pays 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.

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Named Insured _____

Policy/binder/quote No. _____

IF YOU WISH TO REJECT COVERAGE UNDER THE TERRORISM RISK INSURANCE ACT, AS EXTENDED ON DECEMBER 26, 2007, THE FIRST NAMED INSURED IF AN INDIVIDUAL, OR AN AUTHORIZED OFFICER, PARTNER OR MEMBER MUST SIGN ONE OF THESE STATEMENTS

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5. I hereby **reject** coverage for acts of terrorism as defined in the Act and understand my policy will contain an exclusion for acts of terrorism.

Policyholder/applicant's signature

Date

Print name

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Product Name: Commercial Property
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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:** Approved 02/07/2008

Comments:

Attachment:

Expedited Filing Transmittal Document.pdf

**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 #
Everest National Insurance Company	Delaware	1120-10120	22-2660372

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Vanessa King Associate Manager 477 Martinsville Road Liberty Corner, New Jersey 07938-0830	(908) 604-3267	(908) 604-3526	vanessa.king@everest re.com

Filing information

Line of Insurance (see attachment)	Commercial Property
Company Program Title (Marketing title) (if applicable)	NA
Filing Type ** see note below	Form
This application is used with:	CP 00 10
Effective Date Requested	1/1/2008
Filing date	1/21/2008
Company Tracking Number	AR-CP-20022691
Date filing approved in domiciliary state, if applicable	

	<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	NOTICE – DISCLOSURE OF PREMIUM	EN IL TR 19 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	EN IL TR 19 01 06	AR-CP-20017048
02	NOTICE – DISCLOSURE OF PREMIUM	EN IL TR 20 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	EN IL TR 20 01 06	AR-CP-20017048

To be complete, a form 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

Vanessa King

Print Name:

Associate Manager

Title: