

SERFF Tracking Number: FARM-125489550 State: Arkansas
 First Filing Company: Farmers Insurance Exchange, ... State Tracking Number: #? \$50
 Company Tracking Number: J2AR080215WCTC2
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
 Product Name: Terrorism Risk Insurance Program Reauthorization Act of 2007 (D324016)
 Project Name/Number: Terrorism Filings Work Comp/J-AR-2008-WC-F

Filing at a Glance

Companies: Farmers Insurance Exchange, Mid-Century Insurance Company, Truck Insurance Exchange

Product Name: Terrorism Risk Insurance SERFF Tr Num: FARM-125489550 State: Arkansas

Program Reauthorization Act of 2007

(D324016)

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: #? \$50

Sub-TOI: 16.0000 WC Sub-TOI Combinations

Co Tr Num: J2AR080215WCTC2

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Authors: Tina Campbell, Bernice Diaz, Cynthia Nelson, Bill Riedley, Mina Villegas, Stefanie Carlin

Disposition Date: 02/25/2008

Date Submitted: 02/25/2008

Disposition Status: Approved

Effective Date Requested (New): 03/01/2008

Effective Date (New): 03/01/2008

Effective Date Requested (Renewal): 03/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Terrorism Filings – Work Comp

Status of Filing in Domicile: Pending

Project Number: J-AR-2008-WC-F

Domicile Status Comments: Filing being made

Reference Organization: NCCI

Reference Number: P-1405

Reference Title: Terrorism Risk Insurance Program Reauthorization Act Advisory Org. Circular: CIF-2007-10 (filing) of 2007 Endorsements

Filing Status Changed: 02/25/2008

State Status Changed: 02/25/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Farmers Insurance Group of Companies respectfully submits the following forms for adoption to amend coverage for our Workers Compensation program. These forms were filed by the NCCI in response to the Terrorism Risk Insurance Program Reauthorization Act of 2007, which was signed into law effective December 26, 2007.

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WC 00 01 13 A – TERRORISM RISK INSURANCE ACT ENDORSEMENT: We are adopting this form for use with our Workers Compensation program. We wish to adopt this form, which was filed under item P-1405 by the NCCI on December 28, 2007, to replace form WC 00 01 13 (Terrorism Risk Insurance Extension Act Endorsement).

WC 00 04 21 B – DOMESTIC TERRORISM, EARTHQUAKES AND CATASTROPHIC INDUSTRIAL ACCIDENTS PREMIUM ENDORSEMENT: We are adopting this form for use with our Workers Compensation program. We wish to adopt this form, which was filed under item P-1405 by the NCCI on December 28, 2007, to replace form WC 00 04 21 A (Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents Premium Endorsement).

Our effective date for these forms is March 1, 2008 for new business and renewals.

If you have any questions regarding this forms filing, please contact Stefanie Carlin at (805) 306-6943, fax number (805) 583-7487 or email Stefanie_Carlin@farmersinsurance.com. Your expedited approval of this filing is appreciated.

Company and Contact

Filing Contact Information

Charlene Hall, Commercial Contract Manager Charlene_Hall@farmersinsurance.com
 3041 Cochran Street (805) 306-6648 [Phone]
 Simi Valley, CA 93065

Filing Company Information

Farmers Insurance Exchange	CoCode: 21652	State of Domicile: California
4680 Wilshire Blvd.	Group Code: 212	Company Type:
Los Angeles, CA 90010	Group Name:	State ID Number:
(323) 932-3056 ext. [Phone]	FEIN Number: 95-2575893	

Mid-Century Insurance Company	CoCode: 21687	State of Domicile: California
4680 Wilshire Blvd.	Group Code: 212	Company Type:
Los Angeles, CA 90010	Group Name:	State ID Number:
(323) 932-3056 ext. [Phone]	FEIN Number: 95-6016640	

Truck Insurance Exchange	CoCode: 21709	State of Domicile: California
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4680 Wilshire Blvd.
Los Angeles, CA 90010
(323) 932-3056 ext. [Phone]

Group Code: 212
Group Name:
FEIN Number: 95-2575892

Company Type:
State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per forms submission - 2 forms submitted
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmers Insurance Exchange	\$0.00	02/25/2008	
Mid-Century Insurance Company	\$0.00	02/25/2008	
Truck Insurance Exchange	\$0.00	02/25/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
3040008781	\$50.00	02/14/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	02/25/2008	02/25/2008

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Disposition

Disposition Date: 02/25/2008
Effective Date (New): 03/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty		Yes
Form	Terrorism Risk Insurance Program Reauthorization Act Endorsement		Yes
Form	Domestic Terrorism, Earthquakes, And Catastrophic Industrial Accidents Premium Endorsement		Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
	Terrorism Risk Insurance Program Reauthorization Act Endorsement	91-5052	1-08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:12.00 91-5052 1st ed Previous Filing #: P-1405		WC 00 01 13 A (E5052).pdf
	Domestic Terrorism, Earthquakes, And Catastrophic Industrial Accidents Premium Endorsement	91-5484	1-08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:12.00 91-5484 1st ed Previous Filing #: P-1405		WC 00 04 21 B (E5484).pdf

Terrorism Risk Insurance Program Reauthorization Act Endorsement

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"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 as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of United States missions or certain air carriers or vessels.
- d. The act has 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.

"Insured Loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceeds \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceeds \$100,000,000,000.

3. The premiums charged for the coverage for Insured Losses under this policy are included in the amounts shown in Item 4 of the Information Page or in the Schedules in the Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement (WC 00 04 21 B) and the Foreign Terrorism Premium Endorsement (WC 00 04 22), attached to this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective: Policy Number: Endorsement Number:
Insured:
Insurance Company: Premium: \$

Countersigned by _____

Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of domestic terrorism, earthquakes, and/or a catastrophic industrial accident.

Your policy provides coverage for workers compensation losses caused by acts of domestic terrorism, earthquakes, and/or catastrophic industrial accident including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

The premium charge provides funding for the risk of earthquakes, catastrophic industrial accidents, and acts of domestic terrorism. It does not provide funding for acts of foreign terrorism as that term is defined in the Foreign Terrorism Premium Endorsement (WC 00 04 22), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- Domestic Terrorism: All acts of terrorism, certified (as defined in the Terrorism Risk Insurance Act of 2002), or non-certified, that are outside the scope of the Foreign Terrorism Premium Endorsement (WC 00 04 22), and where aggregate workers compensation losses are in excess of \$50 million.
- Earthquake: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity where aggregate workers compensation losses from the single event are in excess of \$50 million.
- Catastrophic Industrial Accident: Any single event resulting in aggregate workers compensation losses in excess of \$50 million.

Schedule

Payroll

Rate

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective:

Policy Number:

Endorsement Number:

Insured:

Insurance Company:

Premium: \$

Countersigned by _____

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

02/15/2008

Comments:

Attachment:

AR-PCTD1Form wc.pdf

Property & Casualty Transmittal Document (Revised 1/1/07)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	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		

3. Group Name	Farmers Insurance Group			Group NAIC #	0212
4. Company Name(s)	Domicile	NAIC #	FEIN #		
Truck Insurance Exchange	CA	21709	95-2575892		
Farmers Insurance Exchange	CA	21652	95-2575893		
Mid-Century Insurance Company	CA	21687	95-6016640		

5. Company Tracking Number	J2AR080215WCTC2
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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
Charlene Hall 3041 Cochran Street – 5th Flr. Simi Valley, CA 93065	Commercial Contract Manager	805-306-6648	805-306-6646	Charlene Hall @farmersinsurance.com
7. Signature of authorized filer	<i>Charlene Hall</i>			
8. Please print name of authorized filer	Charlene Hall			

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

9. Type of Insurance (TOI)	Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	Workers Compensation
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	Line 16
12. Company Program Title (Marketing title)	Workers Compensation
13. Filing Type	[] Rate/Loss Cost [] Rules [] Rates/Rules [X] Forms [] Combination Rates/Rules/Forms [] Withdrawal [] Other (give description)
14. Effective Date(s) Requested	New: March 1, 2008 Renewal: March 1, 2008
15. Reference Filing?	[X] Yes [] No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	
18. Company's Date of Filing	February 19, 2008
19. Status of filing in domicile	[] Not Filed [X] Pending [] Authorized [] Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	J2AR080215WCTC2
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Farmers Insurance Group of Companies respectfully submits the following forms for adoption to amend coverage for our Workers Compensation program. These forms were filed by the NCCI in response to the Terrorism Risk Insurance Program Reauthorization Act of 2007, which was signed into law effective December 26, 2007.

WC 00 01 13 A – TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT: We are adopting this form for use with our Workers Compensation program. We wish to adopt this form, which was filed under item P-1405 by the NCCI on December 28, 2007, to replace form WC 00 01 13 (Terrorism Risk Insurance Extension Act Endorsement).

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22.	Filing Fees (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 #: 3040008781

Amount: \$50 (Farmers, Truck and Mid-Century)

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.)**

PC TD-1 pg 2 of 2

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.)

1.	This filing transmittal is part of Company Tracking #	J2AR080215WCTC2			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Terrorism Risk Insurance Act Endorsement	WC 00 01 13 A	[] New [X] Replacement [] Withdrawn	WC 00 04 21	
02	Domestic Terrorism, Earthquakes And Catastrophic Industrial Accidents Premium Endorsement	WC 00 04 21 B	[] New [X] Replacement [] Withdrawn	WC 00 04 21	
03			[] New [] Replacement [] Withdrawn		
04			[] New [] Replacement [] Withdrawn		
05			[] New [] Replacement [] Withdrawn		
06			[] New [] Replacement [] Withdrawn		
07			[] New [] Replacement [] Withdrawn		
08			[] New [] Replacement [] Withdrawn		
09			[] New [] Replacement [] Withdrawn		
10			[] New [] Replacement [] Withdrawn		