

SERFF Tracking Number: FDRE-125462974 State: Arkansas
Filing Company: Federated Rural Electric Insurance Exchange State Tracking Number: #? \$?
Company Tracking Number: 08 EMF131 (01-08)
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1022 Other
Product Name: Policyholder Disclosure - EMF
Project Name/Number: Terrorism Disclosure Notice - EMF/08 EMF126 (01-08)

Filing at a Glance

Company: Federated Rural Electric Insurance Exchange

Product Name: Policyholder Disclosure - EMF SERFF Tr Num: FDRE-125462974 State: Arkansas
TOI: 17.1 Other Liability - Claims Made Only SERFF Status: Closed State Tr Num: #? \$?
Sub-TOI: 17.1022 Other Co Tr Num: 08 EMF131 (01-08) State Status: Fees verified
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: Susan Olander Disposition Date: 02/12/2008
Date Submitted: 01/29/2008 Disposition Status: Accepted For Informational Purposes
Effective Date Requested (New): 04/01/2008 Effective Date (New):
Effective Date Requested (Renewal): 04/01/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Terrorism Disclosure Notice - EMF Status of Filing in Domicile: Pending
Project Number: 08 EMF126 (01-08) Domicile Status Comments: N/A
Reference Organization: N/A Reference Number: N/A
Reference Title: N/A Advisory Org. Circular: N/A
Filing Status Changed: 02/12/2008
State Status Changed: 02/12/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

This is the Policyholder Disclosure Notice of Terrorism Insurance Coverage Endorsement to be attached to all Electromagnetic Field Liability Protection Policies issued by Federated Rural Electric Insurance Exchange (the "Company"). This disclosure complies with the NAIC and state mandated forms and bulletins and is being filed as an expedited filing. The Company is requesting an approval date of April 1, 2008. The Company does not exclude coverage for terrorism nor does it charge a premium for this coverage.

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Company and Contact

Filing Contact Information

Susan Olander, SMO@FederatedRural.com
11875 W. 85th St. (913) 541-2903 [Phone]
Lenexa, KS 66214

Filing Company Information

Federated Rural Electric Insurance Exchange CoCode: 11118 State of Domicile: Kansas
11875 W. 85th St. Group Code: Company Type: Commercial P&C
Insurance
Lenexa, KS 99214 Group Name: State ID Number:
(800) 356-8360 ext. 152[Phone] FEIN Number: 39-6058596

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
Accepted For Edith Roberts Informational Purposes		02/12/2008	02/12/2008

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Disposition

Disposition Date: 02/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *FDRE-125462974* State: *Arkansas*
 Filing Company: *Federated Rural Electric Insurance Exchange* State Tracking Number: *#? \$?*
 Company Tracking Number: *08 EMF131 (01-08)*
 TOI: *17.1 Other Liability - Claims Made Only* Sub-TOI: *17.1022 Other*
 Product Name: *Policyholder Disclosure - EMF*
 Project Name/Number: *Terrorism Disclosure Notice - EMF/08 EMF126 (01-08)*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
Form	Policyholder Disclosure Notice of Terrorism Insurance Coverage - EMF	Accepted for Informational Purposes	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Accepted for Information of Terrorism al Purposes	Policyholder Disclosure Notice (01-08) Insurance Coverage - EMF	EMF 131	01-08	Endorsement/Amendment/Conditions New		0.00	EMF131Terrorism (01-08).pdf



*This endorsement changes the policy.
Please read it carefully.*

In consideration of the premium charged, Federated and the Insured agree, subject to all provisions of the policy except as modified herein, as follows:

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. 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 certain air carriers or vessels 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. Under you coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. 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 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 exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$0, and does not include any charges for the portion of losses covered by the United States Government under the Act.

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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:

Accepted for Informational 02/12/2008
Purposes

Comments:

Attachment:

EMF_expedited_trans_form_08.pdf

Adopted

Ed. 12/19/07

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

This page applies to the following state(s) See attached

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 type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Federated Rural Electric Insurance Exchange	KS	11118	39-6058596

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Susan M. Olander P.O. Box 15147 Lenexa, KS 66285-5147	800-356-8360, x103	913-541-28 03	smo@federatedr ural.com

Filing information

Line of Insurance (see attachment)	
Company Program Title (Marketing title) (if applicable)	
Filing Type ** see note below	Endorsement form
This application is used with:	Electromagnetic Fields Liability Protection Policy, EMF 100
Effective Date Requested	04-01-2008
Filing date	January 25, 2008
Company Tracking Number	08 131EMF (01-08)
Date filing approved in domiciliary state, if applicable	Filed simultaneously

	<u>Component/Form Name</u> <u>Description/Synopsis</u>	<u>Form # or Rate Page</u> <u>Include edition date</u>	<u>Replacement</u> <u>Or withdrawn?</u>	<u>If replacement,</u> <u>give form # or rate</u> <u>page(s) it replaces</u>	<u>Previous State</u> <u>Filing Number,</u> <u>if required</u> <u>by state</u>
01	Policyholder Notice	EMF 131(01-08)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

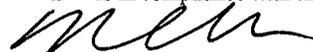
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<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.



Signature

Susan M. Olander

Print Name:

Vice President and General Counsel

Title:



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Tracking Number:

Welcome, Susan Olander.
FREI01
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My Draft Filings **1 templates were applied to the 31 selected filings.** [Most Recently Viewed Filings](#)

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Filings

<input type="checkbox"/>	State	Product Name	Company Tracking #	Created Date	Created By	SERFF Status
<input type="checkbox"/>	Alabama	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Delaware	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Georgia	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Idaho	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Illinois	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Indiana	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Iowa	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Kansas	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Kentucky	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Louisiana	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Maryland	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Mississippi	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Missouri	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Montana	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Nebraska	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Nevada	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	New Mexico	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	North Carolina	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	North Dakota	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Ohio	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft

<input type="checkbox"/>	Oklahoma	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Oregon	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Pennsylvania	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	South Carolina	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Tennessee	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Utah	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Virginia	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Virginia	Directors' and Officers' Liability Coverage	08 DOM VA 01	Jan 23, 2008	Susan Olander	Draft
<input type="checkbox"/>	Washington	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	West Virginia	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Wisconsin	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft
<input type="checkbox"/>	Wyoming	Policyholder Disclosure	08 EMF131 (01-08)	Jan 25, 2008	Susan Olander	Draft

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