

SERFF Tracking Number: FEMC-125485438 State: Arkansas
First Filing Company: Federated Mutual Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: F-B&P-E&O-08-1
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Business and Printers Errors and Omissions
Project Name/Number: Terrorism endorsements/F-B&P-E&O-08-1

Filing at a Glance

Companies: Federated Mutual Insurance Company, Federated Service Insurance Company

Product Name: Business and Printers Errors and Omissions SERFF Tr Num: FEMC-125485438 State: Arkansas

and Omissions

TOI: 17.0 Other Liability - Claims
Made/Occurrence

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.0000 Other Liability Sub-TOI
Combinations

Co Tr Num: F-B&P-E&O-08-1

State Status: Fees verified and
received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding

Author: Joni Borchert

Disposition Date: 02/22/2008

Date Submitted: 02/13/2008

Disposition Status: Exempt from
Review

Effective Date Requested (New):

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Terrorism endorsements

Project Number: F-B&P-E&O-08-1

Status of Filing in Domicile: Authorized

Domicile Status Comments: MN is no file for
commercial lines.

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:

We wish to implement this filing for all policies written on or after 5-1-2008, or within 90 days of your approval.

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Company and Contact

Filing Contact Information

Joni Borchert, Property and Casualty Product jbborchert@fedins.com
 Specialist
 121 East Park Square (800) 533-0472 [Phone]
 Owatonna, MN 55060 (507) 444-6691[FAX]

Filing Company Information

Federated Mutual Insurance Company	CoCode: 13935	State of Domicile: Minnesota
121 East Park Square	Group Code: 7	Company Type:
PO Box 328		
Owatonna, MN 55060	Group Name:	State ID Number:
(800) 533-0472 ext. [Phone]	FEIN Number: 41-0417460	

Federated Service Insurance Company	CoCode: 28304	State of Domicile: Minnesota
121 East Park Square	Group Code: 7	Company Type:
PO Box 328		
Owatonna, MN 55060	Group Name:	State ID Number:
(800) 533-0472 ext. [Phone]	FEIN Number: 41-0984698	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federated Mutual Insurance Company	\$50.00	02/13/2008	17957291
Federated Service Insurance Company	\$0.00	02/13/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Edith Roberts	02/22/2008	02/22/2008

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Disposition

Disposition Date: 02/22/2008

Effective Date (New):

Effective Date (Renewal):

Status: Exempt from Review

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	Accepted for Informational Purposes	Yes
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Supporting Document	Explanatory Memorandum	Accepted for Informational Purposes	Yes
Form	Cap On Losses from Certified Acts Of Terrorism	Accepted for Informational Purposes	Yes
Form	Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism	Accepted for Informational Purposes	Yes
Form	Form Filing Schedule	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 Informational Purposes	Cap On Losses from Certified Acts Of Terrorism	7229	01-08	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 7230 (01-03) Previous Filing #:		7229 (01-08).pdf
Accepted for Informational Purposes	Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism	7231	01-08	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 7231 (01-03) Previous Filing #:		7231 (01-08).pdf
Accepted for Informational Purposes	Form Filing Schedule	PC FFS-1	3-1-2007	Other	New		0.00	pc-ffs1.pdf

FEDERATED INSURANCE COMPANIES

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following:

**BUSINESS ERRORS AND OMISSIONS POLICY
PRINTERS ERRORS AND OMISSIONS POLICY**

If aggregate insured losses attributable to terrorist acts certified under the federal 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.

"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.

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FEDERATED INSURANCE COMPANIES

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**EXCLUSION OF PUNITIVE DAMAGES RELATED TO A
CERTIFIED ACT OF TERRORISM**

This endorsement modifies insurance provided under the following:

BUSINESS ERRORS AND OMISSIONS POLICY
PRINTERS ERRORS AND OMISSIONS POLICY

A. The following exclusion is added:

This insurance does not apply to:

TERRORISM PUNITIVE DAMAGES

Damages arising, directly or indirectly, out of a "certified act of terrorism" that are awarded as punitive damages.

B. The following definition is added:

"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.

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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 #	F-B&P-E&O-08-1			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	NA			
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	Cap On Losses From Certified Acts Of Terrorism	7229 (01-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	7230 (01-03)	
02	Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism	7231 (01-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	7231 (01-03)	
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		

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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 Purposes	02/22/2008
Comments:				
Attachment:	pc td-1.pdf			
Satisfied -Name:	Cover Letter	Review Status:	Accepted for Informational Purposes	02/22/2008
Comments:				
Attachment:	Cover Letter.pdf			
Satisfied -Name:	Explanatory Memorandum	Review Status:	Accepted for Informational Purposes	02/22/2008
Comments:				
Attachment:	Forms Explanatory Memorandum.pdf			

Property & Casualty Transmittal Document

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: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Federated Insurance Companies	007

4. Company Name(s)	Domicile	NAIC #	FEIN #
Federated Mutual Insurance Company	MN	007-13935	41-0417460
Federated Service Insurance Company	MN	007-28304	41-0984698

5. Company Tracking Number	F-B&P-E&O-08-1
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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
	Joni Borchert	Property & Casualty Product Specialist	800-533-0472 Ext 5342	507-444-6691	jbborchert@fedins.com

7. Signature of authorized filer	
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8. Please print name of authorized filer	Joni Borchert
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Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Business & Printers Errors & Omissions
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<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)
14. Effective Date(s) Requested	New: 5-1-2008 Renewal: 5-1-2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> MN is no file for commercial lines

20.	This filing transmittal is part of Company Tracking #	F-B&P-E&O-08-1
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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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See Explanatory Memorandum

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]
<p>Check #: EFT Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

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

February 13, 2008

Arkansas

FEDERATED MUTUAL INSURANCE COMPANY NAIC: 007-13935
FEDERATED SERVICE INSURANCE COMPANY NAIC: 007-28304

Business Errors and Omissions
Printers Errors and Omissions

- Revised Federated Endorsement 7229 (01-08) Cap on Losses From Certified Acts Of Terrorism
- Revised Federated Endorsement 7231 (01-08) Exclusion Of Punitive Damages related To a Certified Act Of Terrorism

Federated File Number: F-B&P E&O-08-1

Please refer to the Forms Explanatory Memorandum further detailing this filing.

We wish to implement this filing for all policies written on or after 5-1-2008, or within 90 days of your approval.

We trust this filing meets your requirements, and we appreciate your consideration of our filing.

Thank you.

Business & Printers Errors and Omissions Forms Explanatory Memorandum

These endorsements are revised to:

- Remove reference to the original enactment of TRIA, the Act “of 2002”.
- Revise the definition of certified act of terrorism to:
 - Delete the text “acting on behalf of any foreign person or foreign interest”, in line with the revision to Section 102(1)(A)(iv) of the Act.
 - Reflect the fact that the definition includes appropriate details, but not all of the statutory wording, in setting forth the criteria for a certified act of terrorism.
 - Elaborate on the reference to aggregate losses, which are aggregate insured losses attributable to all types of insurance subject to TRIA.
- Revise the language expressing the existence and effect of the cap. As revised, the language explicitly refers to the amount of the cap and addresses allocation of the insured losses, pursuant to Sections 103(e)(2)(A) and 103(e)(2)(B) of the Act. This revision is not applicable to 7231.