

SERFF Tracking Number: *HNDY-125472273* State: *Arkansas*
Filing Company: *Ohio Indemnity Company* State Tracking Number: *EFT \$50*
Company Tracking Number: *EPD-AR-2008-DIS*
TOI: *09.0 Inland Marine* Sub-TOI: *09.0005 Other Commercial Inland Marine*
Product Name: *Equipment Physical Damage*
Project Name/Number: *Terrorism Disclosure 2008/EPD-AR-2008-DIS*

Filing at a Glance

Company: Ohio Indemnity Company

Product Name: Equipment Physical Damage

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland Marine

Filing Type: Form

SERFF Tr Num: HNDY-125472273 State: Arkansas

SERFF Status: Closed

Co Tr Num: EPD-AR-2008-DIS

Co Status:

Authors: Iris Nance, Nancy Sherman, Sherry Bixler

Date Submitted: 02/04/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

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

Disposition Date: 02/15/2008

Disposition Status: Approved

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

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

Effective Date (New): 03/01/2008

Effective Date (Renewal): 03/01/2008

State Filing Description:

General Information

Project Name: Terrorism Disclosure 2008

Project Number: EPD-AR-2008-DIS

Reference Organization:

Reference Title:

Filing Status Changed: 02/15/2008

State Status Changed: 02/15/2008

Corresponding Filing Tracking Number:

Filing Description:

New Terrorism Disclosure Form as required by the Federal Terrorism Risk Insurance Program Reauthorization Act of 2007.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

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Filing Contact Information

Sherry Bixler, Operations Assistant sbixler@ohioindemnity.com
 250 E. Broad Street, 10th Floor (614) 220-5236 [Phone]
 Columbus, OH 43215 (614) 228-5552[FAX]

Filing Company Information

Ohio Indemnity Company CoCode: 26565 State of Domicile: Ohio
 250 East Broad Street Group Code: -99 Company Type:
 10th Floor
 Columbus, OH 43215 Group Name: State ID Number:
 (800) 628-8581 ext. [Phone] FEIN Number: 31-0620146

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form filing.
 \$50.00 x one form = \$50.00.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ohio Indemnity Company	\$50.00	02/04/2008	17811165

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/15/2008	02/15/2008

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Disposition

Disposition Date: 02/15/2008

Effective Date (New): 03/01/2008

Effective Date (Renewal): 03/01/2008

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
Supporting Document	Expedited Transmittal Document	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Terrorism Disclosure Form	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 Disclosure Form	OIC-DIS2003	01-2008	Disclosure/ New Notice		0.00	OIC-DIS2003 (01-2008).pdf

**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 your 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 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 exceed \$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 _____, and does not include any charges for the portion of losses covered by the United States government under the Act.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT, MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE MY COVERAGE AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

Policyholder/Applicant's Signature

Print Name

Date

Name of Insurer: _____

Policy Number: _____

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Rate Information

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Supporting Document Schedules

Review Status:
Bypassed -Name: Uniform Transmittal Document- Property & Casualty **Approved** 02/15/2008
Bypass Reason: This form is being filed for informational purposes only in compliance with the Federal Terrorism Risk Insurance Program Reauthorization Extension Act of 2007. Expedited Terrorism Transmittal Document is attached below.

Comments:

Review Status:
Satisfied -Name: Expedited Transmittal Document **Approved** 02/15/2008

Comments:

Attachment:
EPD AR Trans Doc.pdf

Review Status:
Satisfied -Name: Explanatory Memorandum **Approved** 02/15/2008

Comments:

Attachment:
EPD Terrorism Disclosure Filing Memorandum.pdf

Review Status:
Satisfied -Name: Cover Letter **Approved** 02/15/2008

Comments:

Attachment:
EPD AR Cover Letter.pdf

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

This page applies to the following state(s) AR

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 #
Ohio Indemnity Company	OH	26565	31-0620146

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Sherry Bixler 250 East Broad Street 10 th Floor Columbus, Ohio 43215	614-220-5236	614-228-5552	Sherry.bixler@ohioindemnity.com

Filing information

Line of Insurance (see attachment)	9.0 Inland Marine
Company Program Title (Marketing title) (if applicable)	Equipment Physical Damage Program
Filing Type ** see note below	Informational Purposes Only - Policyholder Disclosure Form
This application is used with:	
Effective Date Requested	03/01/2008
Filing date	02/04/2008
Company Tracking Number	EPD-AR-2008-DIS
Date filing approved in domiciliary state, if applicable	n/a

	<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	Policyholder Disclosure Notice	OIC-DIS2003 (01/2008)	<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		

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:

- X Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- X Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Iris A. Nance
Signature

Iris A. Nance
Print Name:

Specialty Products Manager
Title:

Ohio Indemnity Company

Filing Memorandum

2008 Terrorism Disclosure Notice Form

Equipment Physical Damage Program

The purpose of this filing is to file our Terrorism Disclosure Notice Form as required by the Federal Terrorism Risk Insurance Program Reauthorization Extension Act of 2007.

Our Equipment Physical Damage (EPD) Program was a new program filed in the last quarter of 2007. We did not include a Terrorism Disclosure Notice in that filing since the Terrorism Risk Insurance Act of 2002 was scheduled to expire on December 31, 2007. The Reauthorization Act has since been passed, so we are now filing the new Terrorism Disclosure Form, OIC-DIS2003 (01/2008), as required by the Reauthorization Act, to be issued with all EPD policies.

Our policy does not exclude losses due to acts of terrorism, nor do we identify or attribute a separate portion of the premium for this coverage. Thus, there is no premium impact with this filing. Our disclosure form is identical to the sample provided in the Reauthorization Act for notification to policyholders when such losses are not excluded in their policy. It is our understanding that this form must be filed for informational purposes with each Department of Insurance.

The new form and the NAIC Expedited Filing Transmittal Document for Terrorism Risk Insurance Forms are included in this filing.



OHIO INDEMNITY COMPANY

February 4, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: Ohio Indemnity Company – NAIC #26565
Federal Terrorism Risk Insurance Program Reauthorization Extension Act of 2007
Equipment Physical Damage (EPD) Insurance Program
Our Filing #EPD-AR-2008-DIS
SERFF Tracking #: HNDY- 125472273
Requested Effective Date: 03/01/2008

Dear Commissioner Bowman:

In compliance with the Federal Terrorism Risk Insurance Program Reauthorization Extension Act of 2007, we are hereby filing our Policyholder Disclosure Notice form, OIC-DIS2003 (01/2008), for the above-referenced program. Our policy does not exclude losses due to acts of terrorism, nor do we identify or attribute a separate portion of the premium for this coverage. Our disclosure form is identical to the sample provided in the Reauthorization Act for notification to policyholders when such losses are not excluded in their policy. It is our understanding that this form must be filed for informational purposes only with each Department of Insurance.

We respectfully request your acknowledgement of this informational filing at your earliest convenience. If you have any questions, please do not hesitate to contact me at (800) 628-8581 Ext. 5214 or by email at inance@ohioindemnity.com.

Sincerely,

Iris A. Nance
Specialty Products Manager