

SERFF Tracking Number: HSTB-125478099 State: Arkansas
Filing Company: The Hartford Steam Boiler Inspection and Insurance Company State Tracking Number: #3000102675 \$50
Company Tracking Number: TRIA-BM-2008
TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery
Product Name: Boiler and Machinery
Project Name/Number: TRIPRA/

Filing at a Glance

Company: The Hartford Steam Boiler Inspection and Insurance Company

Product Name: Boiler and Machinery SERFF Tr Num: HSTB-125478099 State: Arkansas
TOI: 27.0 Boiler & Machinery SERFF Status: Closed State Tr Num: #3000102675 \$50
Sub-TOI: 27.0000 Boiler & Machinery Co Tr Num: TRIA-BM-2008 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Disposition Date: 02/22/2008
Authors: Faye Neilan, Cathy Uhlman
Date Submitted: 02/12/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval Effective Date (New): 02/22/2008
Effective Date Requested (Renewal): On Approval Effective Date (Renewal): 02/22/2008

State Filing Description:

General Information

Project Name: TRIPRA Status of Filing in Domicile: Pending
Project Number: Domicile Status Comments: Not approved yet.
Filed simultaneously
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 02/22/2008
State Status Changed: 02/20/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
The endorsement we are filing has been revised in accordance with the Terrorism Risk Insurance Program Reauthorization Act of 2007.

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 TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery
 Product Name: Boiler and Machinery
 Project Name/Number: TRIPRA/

Company and Contact

Filing Contact Information

Faye Neilan, faye_neilan@hsb.com
 One State Street (860) 722-5321 [Phone]
 Hartford, CT 06102-5024

Filing Company Information

The Hartford Steam Boiler Inspection and Insurance Company CoCode: 11452 State of Domicile: Connecticut
 One State Street Group Code: Company Type:
 P.O. Box 5024
 Hartford, CT 06102-5024 Group Name: State ID Number: 82
 (860) 722-5321 ext. [Phone] FEIN Number: 06-0384680

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form per company
 Check will be mailed via u.s. postal service on 2/12/08.
 Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
3000102675	\$50.00	02/12/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/22/2008	02/22/2008

SERFF Tracking Number: HSTB-125478099 State: Arkansas
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Disposition

Disposition Date: 02/22/2008

Effective Date (New): 02/22/2008

Effective Date (Renewal): 02/22/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HSTB-125478099 *State:* Arkansas
Filing Company: The Hartford Steam Boiler Inspection and Insurance Company *State Tracking Number:* #3000102675 \$50
Company Tracking Number: TRIA-BM-2008
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Product Name: Boiler and Machinery
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Form	Terrorism Risk Insurance Act Disclosure	Approved	Yes

SERFF Tracking Number: HSTB-125478099 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Terrorism Risk Insurance Act Disclosure	END EBTRIA	01/2008	Endorsement/Amendment/Conditions	Replaced Form #:0.00 END EBTRIA 02/2003 Previous Filing #: TRIA-BM-2003		ENDEBTRIA 2008 final 2-11-08.pdf

Terrorism Risk Insurance Act Disclosure

Named Insured

Policy Number

Effective Date

Issue Date.....

This endorsement is attached to and made part of your policy in response to the disclosure requirements of the Terrorism Risk Insurance Act, as amended.

Applicable Premium

Your policy premium includes the following premium charge for losses resulting from certified acts of terrorism as defined in the Terrorism Risk Insurance Act, as amended: **\$0**

Informational Notice

The following notice does not change your coverage under this policy, but is provided for your information in compliance with the Terrorism Risk Insurance Act, as amended.

Under the Terrorism Risk Insurance Act, as amended, we must offer you coverage for losses arising from certified acts of terrorism as defined in Section 102(1)(A)(iv) of the Act. This policy does not contain a terrorism exclusion. The actual coverage provided by the policy for acts of terrorism, as is true for all coverages, is subject to the terms, conditions, exclusions, limits, and other provisions of your policy, any endorsements to your policy, and generally applicable rules of law.

Any coverage provided by this policy for losses arising from certified acts of terrorism is partially reinsured by the United States Government, Department of the Treasury under a formula established by federal law. Under this formula, the United States will pay 85 percent of covered terrorism losses exceeding a statutorily established deductible paid by the insurance company providing the coverage. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act, as amended, exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act, as amended, 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, as amended, 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.

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SERFF Tracking Number: *HSTB-125478099* *State:* *Arkansas*
Filing Company: *The Hartford Steam Boiler Inspection and* *State Tracking Number:* *#3000102675 \$50*
 Insurance Company
Company Tracking Number: *TRIA-BM-2008*
TOI: *27.0 Boiler & Machinery* *Sub-TOI:* *27.0000 Boiler & Machinery*
Product Name: *Boiler and Machinery*
Project Name/Number: *TRIPRA/*

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 02/22/2008

Comments:

Attached please find the required Expedited filing transmittal document for Terrorism Risk Insurance forms and Pricing.

Attachment:

TRIA_expedited_filing_form.pdf

Satisfied -Name: Filing Memorandum **Review Status:** Approved 02/22/2008

Comments:

Attached please find the Filing Memorandum.

Attachment:

EB TRIA endt filing memo.pdf

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

This page applies to the following state(s)

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 #

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail

Filing information

Line of Insurance (see attachment)	
Company Program Title (Marketing title) (if applicable)	
Filing Type ** see note below	
This application is used with:	
Effective Date Requested	
Filing date	
Company Tracking Number	
Date filing approved in domiciliary state, if applicable	

	<u>Component/Form Name /Description/Synopsis</u>	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input 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

Print Name:

Title:

EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING

This page applies to the following state(s)

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 #
ABC Insurance Company	NY	0000-99999	99-1234567

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
John Doe (Form Filing) Regulatory Compliance ABC Insurance Co. 12345 Fifth Ave New York, NY 10234	501-555-5555	501-555-5551	John.doe@abcins.com

Filing information

Line of Insurance (see attachment)	Commercial General Liability
Company Program Title (Marketing title) (if applicable)	General Liability Program
Filing Type ** see note below	Form (Endorsement)
This application is used with:	(Insert policy form number to which the application attaches)
Effective Date Requested	01-01-07 (Enter your desired effective date)
Filing date	(Date Company sends filing)
Company Tracking Number	ABC-EP-2001-01 (Enter your filing tracking number, if applicable)
Date filing approved in domiciliary state, if applicable	Not approved yet. Filed on same date as this filing.

	<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	Certified Loss Coverage Form	CG XX XX 12 02	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	List form number of previous terrorism exclusion	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

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Signature

Print Name:

Title:

FILING MEMORANDUM

COMPLIANCE WITH THE TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007

THE HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY BOILER AND MACHINERY INSURANCE HSB FREESTYLE / EQUIPMENT BREAKDOWN COVERAGE FORM BOILER AND MACHINERY COVERAGE FORM

FORM

The Hartford Steam Boiler Inspection and Insurance Company is filing one revised form:

END EBTRIA 01/2008 Disclosure Pursuant To Terrorism Risk Insurance Act

The END EBTRIA endorsement has been issued as a standard part of all new and renewal policies since February 2003, following enactment of the original Terrorism Risk Insurance Act of 2002. It provides that the premium for losses resulting from certified acts of terrorism as defined in the Act is \$0, and provides general information regarding the Act.

This endorsement has been revised in accordance with the Terrorism Risk Insurance Program Reauthorization Act of 2007 to include information concerning the Federal share of compensation for insured losses under the program and the existence of the \$100 billion cap.

RATE

The Hartford Steam Boiler Inspection and Insurance Company is not charging any additional premium for this coverage at this time.

RULE

All new and renewal policies must include the END EBTRIA endorsement. There is no premium charge for this coverage.