

SERFF Tracking Number: IATH-125482517 State: Arkansas
Filing Company: Harco National Insurance Company State Tracking Number: #95036 \$50
Company Tracking Number: AR-TRIA-08
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Terrorism Risk Insurance Program
Project Name/Number: /AR-TRIA-08

Filing at a Glance

Company: Harco National Insurance Company

Product Name: Terrorism Risk Insurance Program SERFF Tr Num: IATH-125482517 State: Arkansas

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: #95036 \$50

Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: AR-TRIA-08

State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Author: Jim Breitbach

Disposition Date: 02/22/2008

Date Submitted: 02/11/2008

Disposition Status: Accepted For Informational Purposes

Effective Date Requested (New): 04/01/2008

Effective Date (New): 04/01/2008

Effective Date Requested (Renewal): 04/01/2008

Effective Date (Renewal): 04/01/2008

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number: AR-TRIA-08

Domicile Status Comments:

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:

As required in the Arkansas Insurance Department regulatory bulletin No. 1-2008, Harco National Insurance Company, on an informational basis our policyholder disclosure notices for the Terrorism Risk Insurance Program. We are requesting an effective date of April 1, 2008 for these notices.

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Company and Contact

Filing Contact Information

Jim Breitbach, Compliance Analyst jbreitbach@iat-harco.com
2850 West Golf Road (847) 321-4816 [Phone]
Rolling Meadows, IL 60008 (847) 321-4810[FAX]

Filing Company Information

Harco National Insurance Company CoCode: 26433 State of Domicile: Illinois
2850 West Golf Road Group Code: 225 Company Type:
9th Floor
Rolling Meadows, IL 60008 Group Name: State ID Number:
(800) 448-4642 ext. [Phone] FEIN Number: 13-6108721

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 Llyweyia Rawlins Informational Purposes		02/22/2008	02/22/2008

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Disposition

Disposition Date: 02/22/2008

Effective Date (New): 04/01/2008

Effective Date (Renewal): 04/01/2008

Status: Accepted For Informational Purposes

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	Accepted for Informational Purposes	Yes
Form	Policyholder Disclosure Notice	Accepted for Informational Purposes	Yes
Form	Policyholder Disclosure Notice	Accepted for Informational Purposes	Yes
Form	Policyholder Disclosure Notice	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 al Purposes	Policyholder Disclosure Notice	IL 7932	01/08	Disclosure/ New Notice		0.00	IL7932.pdf
Accepted for Information al Purposes	Policyholder Disclosure Notice	IL 7933	01/08	Disclosure/ New Notice		0.00	IL7933.pdf
Accepted for Information al Purposes	Policyholder Disclosure Notice	20-1217	01/08	Disclosure/ Replaced Notice	Replaced Form #:0.00 20-1217 (01/06) Previous Filing #:		20-1217 0108.pdf
Accepted for Information al Purposes	Policyholder Disclosure Notice	20-1219	01/08	Disclosure/ Replaced Notice	Replaced Form #:0.00 20-1219 (01/06) Previous Filing #:		20-1219 0108.pdf



**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE
HARCO NATIONAL INSURANCE COMPANY**

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 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.

You had previously made a choice to accept Terrorism Insurance. Harco National Insurance Company will continue to process all subsequent renewals in the same manner or until you tell us otherwise.



**POLICYHOLDER DISCLOSURE
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HARCO NATIONAL INSURANCE COMPANY**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. 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 PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT 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 IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

You had previously made a choice to accept or reject Terrorism Insurance. Whichever path you agreed to Harco National Insurance Company will continue to process all subsequent renewals in the same manner or until you tell us otherwise.



**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE
HARCO NATIONAL INSURANCE COMPANY**

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

UNDER FEDERAL LAW, HARCO MUST OFFER YOU COVERAGE FOR CERTIFIED TERRORIST ACTS. YOU HAVE THE RIGHT TO ACCEPT OR REJECT THE OFFER. **PLEASE MAKE YOUR SELECTION AND RETURN THIS FORM.**

CHECK THE APPROPRIATE BOX BELOW, SIGN THE FORM AND RETURN IT TO HARCO.

	I hereby elect to purchase "Certified Terrorism" coverage for a premium of \$_____.
	I hereby elect to have the exclusion for terrorism coverage added to this policy. I understand that I will have no coverage for losses arising from acts of terrorism except for workers compensation, which is handled separately.

Policyholder/Applicant's Signature

HARCO NATIONAL INSURANCE COMPANY

Print Name

Policy Number

Date

Named Insured

EXPLANATION

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. 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 PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

POLICYHOLDER DISCLOSURE

Continued

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As part of your policy you have a choice to accept or reject Terrorism Insurance as identified above. Whichever path you agree to Harco National Insurance Company will process all subsequent renewals in the same manner or until you tell us otherwise.



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CHECK THE APPROPRIATE BOX BELOW, SIGN THE FORM AND RETURN IT TO HARCO.

	I hereby elect to purchase "Certified Terrorism" coverage for a premium of \$_____.
	I hereby elect to have the exclusion for terrorism coverage added to this policy. I understand that I will have no coverage for losses arising from acts of terrorism.

_____ Policyholder/Applicant's Signature	HARCO NATIONAL INSURANCE COMPANY
_____ Print Name	_____ Policy Number
_____ Date	_____ Named Insured

EXPLANATION

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POLICYHOLDER DISCLOSURE

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Accepted for Informational 02/22/2008
Purposes

Comments:

Attachment:

ARPCTD-1.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 #
MCM Corp	0225

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Harco National Insurance Company	IL	26433	136108721	

5. Company Tracking Number	AR-TRIA-08
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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
	Jim Breitbach	Compliance Analyst	847-321-4816	847-321-4810	jbreitbach@iat-harco.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Jim Breitbach

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

9.	Type of Insurance (TOI)	
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: 04/01/08 Renewal: 04/01/08

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix). This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

21. Filing Description: This area can be used in lieu of a cover letter or filing memorandum and is free-form text.

22. Filing Fees: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.