

SERFF Tracking Number: NTNL-125471447 State: Arkansas
Filing Company: National Interstate Insurance Company State Tracking Number: #8123831 50.00
Company Tracking Number: AR-GL-TER-0108-01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: AR General Liability
Project Name/Number: AR General Liability Terrorism Disclosures/AR-GL-TER-0108-01

Filing at a Glance

Company: National Interstate Insurance Company

Product Name: AR General Liability SERFF Tr Num: NTNL-125471447 State: Arkansas
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #8123831 50.00
Made/Occurrence
Sub-TOI: 17.0000 Other Liability Sub-TOI Co Tr Num: AR-GL-TER-0108-01 State Status: Fees verified and
Combinations received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding
Author: Kathy Juhasz Disposition Date: 02/14/2008
Date Submitted: 02/01/2008 Disposition Status: Accepted For
Informational Purposes
Effective Date Requested (New): 02/01/2008 Effective Date (New):
Effective Date Requested (Renewal): 02/01/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: AR General Liability Terrorism Disclosures Status of Filing in Domicile: Pending
Project Number: AR-GL-TER-0108-01 Domicile Status Comments:
Reference Organization: N/A Reference Number: N/A
Reference Title: N/A Advisory Org. Circular: N/A
Filing Status Changed: 02/14/2008
State Status Changed: 02/14/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
National Interstate Insurance Company hereby submits for your approval disclosures related to the Terrorism Risk
Insurance Act.

Company and Contact

SERFF Tracking Number: NTNL-125471447 State: Arkansas
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Filing Contact Information

Kathy Juhasz, Regulatory Compliance kathy.juhasz@natl.com
 Specialist
 3250 Interstate Drive (330) 659-8900 [Phone]
 Richfield, OH 44286 (330) 659-8901[FAX]

Filing Company Information

National Interstate Insurance Company CoCode: 32620 State of Domicile: Ohio
 3250 Interstate Drive Group Code: 84 Company Type: P&C
 Richfield, OH 44286 Group Name: State ID Number:
 (330) 659-8900 ext. [Phone] FEIN Number: 34-1607395

Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
8123831	\$50.00	01/23/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Edith Roberts Informational Purposes		02/14/2008	02/14/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fee	Note To Reviewer	Kathy Juhasz	02/01/2008	02/01/2008

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Disposition

Disposition Date: 02/14/2008

Effective Date (New):

Effective Date (Renewal):

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
Supporting Document	Cover letter	Accepted for Informational Purposes	Yes
Form	Disclosure Pursuant to Terrorism Risk Insurance Act	Accepted for Informational Purposes	Yes
Form	Policyholder Disclosure Notice of Terrorism Coverage	Accepted for Informational Purposes	Yes
Form	Policyholder Disclosure Offer of Terrorism Coverage	Accepted for Informational Purposes	Yes

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Note To Reviewer

Created By:

Kathy Juhasz on 02/01/2008 03:24 PM

Subject:

Filing Fee

Comments:

The filing was originally sent in by mail. Edith Roberts of the Department of Insurance is holding onto our check to apply the fees to this filing. Thank you.

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Accepted for	Disclosure Pursuant to Information Terrorism Risk al PurposesInsurance Act	INFOTER 2	01 08	Disclosure/ Replaced Notice	Replaced Form #:0.00 Previous Filing #: TER-AR-0303-01		INFOTER2 01 08.pdf
Accepted for	Policyholder Disclosure Notice 3A Information of Terrorism al PurposesCoverage	INFOTER	01 08	Disclosure/ Replaced Notice	Replaced Form #:0.00 Previous Filing #: TER-AR-0303-01		INFOTER3A 01 08.pdf
Accepted for	Policyholder Disclosure Offer 5 Information of Terrorism al PurposesCoverage	INFOTER 5	01 08	Disclosure/ Replaced Notice	Replaced Form #:0.00 Previous Filing #: TER-AR-0303-01		INFOTER5 01 08.pdf

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

A. Rejection of Offer

You have rejected the offer of terrorism coverage for Acts of Terrorism that are certified under the Terrorism Risk Insurance Act as an Act of Terrorism. An exclusion of terrorism losses has been made a part of this policy.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses **insured under the federal program**. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. **You have rejected this offer of coverage.**

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM COVERAGE**

The Terrorism Risk Insurance Act establishes a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. The Act applies when the Secretary of the Treasury certifies that an event meets the definition of an Act of Terrorism. The Act provides that, to be certified, an Act of Terrorism must cause losses of at least five million dollars and must have been committed by an individual or individuals as part of an effort to coerce the government or population of the United States.

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

The Terrorism Risk Insurance Act, as amended in 2007, 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.

In accordance with the Terrorism Risk Insurance Act, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. We are offering you this coverage for a premium of \$0. All other provisions of this policy will still apply to such an act. That is, a loss will not be excluded or covered just because it was caused by an Act of Terrorism.

All other terms and conditions of the policy remain unchanged.

**POLICYHOLDER DISCLOSURE
OFFER OF TERRORISM COVERAGE**

The Terrorism Risk Insurance Act establishes a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. The Act applies when the Secretary of the Treasury certifies that an event meets the definition of an Act of Terrorism. The Act provides that, to be certified, an Act of Terrorism must cause losses of at least five million dollars and must have been committed by an individual or individuals as part of an effort to coerce the government or population of the United States.

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In accordance with the Terrorism Risk Insurance Act, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an Act of Terrorism. All other provisions of this policy will still apply to such an act. That is, a loss will not be excluded or covered just because it was caused by an Act of Terrorism.

See the section of this Notice titled **SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE**. If you choose to accept this offer of coverage, your premium will include the additional premium for losses from Acts of Terrorism as stated in this disclosure.

Failure to pay the premium by the due date will constitute rejection of the offer and your policy will include an exclusion for losses caused by terrorism.

All other terms and conditions of the policy remain unchanged.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

_____ **I hereby elect to purchase Terrorism coverage for Acts of Terrorism** that are certified under the Terrorism Risk Insurance Act as an Act of Terrorism **for a premium of \$_____**. I understand that if the quoted premium is not received by _____, an **exclusion** of terrorism losses will be made a part of this policy.

_____ **I hereby reject the offer of terrorism coverage.** I understand that an **exclusion** of terrorism losses will be made part of this policy.

Policyholder/Applicant's Signature

Insurance Company

Print Name

Policy Number

Date

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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 02/14/2008
Purposes

Comments:

Expedited Filing Transmittal Document For Terrorism Risk Insurance Forms and Pricing form

Attachment:

AR Expedited Filing Transmittal 0108-01.pdf

Satisfied -Name: Cover letter

Review Status: Accepted for Informational 02/14/2008
Purposes

Comments:

Cover letter.

Attachment:

AR 0108-01 letter.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 #
National Interstate Insurance Company	OH	32620	34-1607395

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Kathy Juhasz 3250 Interstate Drive Richfield, OH 44286	800-929-1500	330-659-8905	kathy.juhasz@NATL.com

Filing information

Line of Insurance (see attachment)	Commercial General Liability
Company Program Title (Marketing title) (if applicable)	General Liability
Filing Type ** see note below	Form
This application is used with:	
Effective Date Requested	02/01/2008
Filing date	02/01/2008
Company Tracking Number	AR-GL-TER-0108-01
Date filing approved in domiciliary state, if applicable	Pending

	<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	Disclosure Pursuant to Terrorism Risk Insurance Act	INFOTER2 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		TER-AR-0303-01
02	Policyholder Disclosure Notice of Terrorism Coverage	INFOTER3A 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		TER-AR-0303-01
03	Policyholder Disclosure Notice of Terrorism Coverage	INFOTER5 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		TER-AR-0303-01

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;
- Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Signature

Kathy Juhasz

Print Name:

Regulatory Compliance Specialist

Title:



February 1, 2008

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

Subject: National Interstate Insurance Company
NAIC #: 084-32620
General Liability
Terrorism Disclosure Forms
Company Filing Number: AR-GL-TER-0108-01
Effective Date: 02/01/2008

Dear Sir or Madam:

National Interstate Insurance Company hereby submits for your approval disclosures related to the Terrorism Risk Insurance Act.

Thank you for your consideration. I can be reached at 1-800-929-1500, extension 1219 with any questions you may have. My e-mail address is kathy.juhasz@natl.com.

Respectfully submitted,
NATIONAL INTERSTATE INSURANCE COMPANY

Kathy Juhasz
Regulatory Compliance Specialist

:kj

Encl.