

SERFF Tracking Number: SELC-125497507 State: Arkansas
Filing Company: Selective Insurance Company of America State Tracking Number: EFT \$20
Company Tracking Number: 08F-WC-03AR
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Terrorism Risk Form Filing
Project Name/Number: Terrorism Risk Form Filing/08F-WC-03AR

Filing at a Glance

Company: Selective Insurance Company of America

Product Name: Terrorism Risk Form Filing	SERFF Tr Num: SELC-125497507	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$20
Sub-TOI: 16.0004 Standard WC	Co Tr Num: 08F-WC-03AR	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: Tracy Potter	Disposition Date: 02/22/2008
	Date Submitted: 02/21/2008	Disposition Status: Approved
Effective Date Requested (New): 01/01/2008		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Terrorism Risk Form Filing	Status of Filing in Domicile:
Project Number: 08F-WC-03AR	Domicile Status Comments:
Reference Organization: NCCI	Reference Number: P-1405
Reference Title: Terrorism Risk Insurance Program Reauthorization Act Advisory Org. Circular: CIF-2007-10 of 2007 Endorsements	
Filing Status Changed: 02/22/2008	
State Status Changed: 02/22/2008	Deemer Date:
Corresponding Filing Tracking Number: N/A	

Filing Description:

Arkansas law does not permit NCCI to file rules and rates on its members' behalf. Therefore, we are making an independent filing with the Arkansas Insurance Department electing to adopt an item filing filed by NCCI and subsequently approved by your Department. As we are to advise of the NCCI Item Filing number when filing for use of the revised Terrorism forms WC000421B & WC000113A, the item filing # is P-1405 (Terrorism Risk Insurance Program Reauthorization Act of 2007 Endorsements). Thank you.

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Company and Contact

Filing Contact Information

Tracy Rossman, State Filing Specialist tracy.rossman@selective.com
 40 Wantage Ave (973) 948-1178 [Phone]
 Branchville, NJ 07890 (973) 948-4538[FAX]

Filing Company Information

Selective Insurance Company of America CoCode: 12572 State of Domicile: New Jersey
 40 Wantage Avenue Group Code: 242 Company Type:
 Branchville, NJ 07890 Group Name: State ID Number:
 (800) 777-9656 ext. [Phone] FEIN Number: 22-1272390

Filing Fees

Fee Required? Yes
 Fee Amount: \$0.00
 Retaliatory? No
 Fee Explanation: \$20.00 to adopt reference organization (NCCI) form.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Selective Insurance Company of America	\$20.00	02/21/2008	18084533

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	02/22/2008	02/22/2008

SERFF Tracking Number: *SELC-125497507* *State:* *Arkansas*
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Project Name/Number: *Terrorism Risk Form Filing/08F-WC-03AR*

Disposition

Disposition Date: 02/22/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SELC-125497507 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Terrorism Risk Insurance Program Reauthorization Act Endorsement	Approved	Yes
Form	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	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 Risk Insurance Program Reauthorization Act Endorsement	WC 000113A	01 08	Endorsement/Amendment/Conditions		0.00	WC000113A108.pdf
Approved	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	WC 000421B	01 08	Endorsement/Amendment/Conditions		0.00	WC000421B108.pdf

WC 00 01 13 A
TERRORISM RISK INSURANCE PROGRAM
REAUTHORIZATION ACT ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on _____ at 12:01 A.M., standard time, forms a part of

(DATE)

Policy No. _____ Endorsement No. _____ Premium (if any) \$ _____

of the

(NAME OF INSURANCE COMPANY)

issued to

Authorized Representative

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"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 as meeting all of the following requirements.

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has 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.

“Insured Loss” means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

“Insurer Deductible” means, for the period beginning on January 1, 2008 and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

“Program Year” refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceeds \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding **Item 1** above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceeds \$100,000,000,000.
3. The premiums charged for the coverage for Insured Losses under this policy are included in the amounts shown in **Item 4** of the Information Page or in the Schedules in the Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement (**WC 00 04 21B**) and the Foreign Terrorism Premium Endorsement (**WC 00 04 22**), attached to this policy.

WC 00 04 21 B
DOMESTIC TERRORISM, EARTHQUAKES, AND
CATASTROPHIC INDUSTRIAL ACCIDENTS PREMIUM ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on _____ at 12:01 A.M., standard time, forms a part of
(DATE)

Policy No. _____ Endorsement No. _____ Premium (if any) \$ _____

of the _____
(NAME OF INSURANCE COMPANY)

issued to _____

Authorized Representative

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of domestic terrorism, earthquakes and/or a catastrophic industrial accident.

Your policy provides coverage for workers compensation losses caused by acts of domestic terrorism, earthquakes, and/or catastrophic industrial accident including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

The premium charge provides funding for the risk of earthquakes, catastrophic industrial accidents, and acts of domestic terrorism. It does not provide funding for acts of foreign terrorism as that term is defined in the Foreign Terrorism Premium Endorsement (**WC 00 04 22**), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- Domestic Terrorism: All acts of terrorism, certified (as defined in the Terrorism Risk Insurance Act of 2002), or non-certified, that are outside the scope of the Foreign Terrorism Premium Endorsement (**WC 00 04 22**), and where aggregate workers compensation losses are in excess of \$50 million.
- Earthquakes: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity where aggregate workers compensation losses from the single event are in excess of \$50 million
- Catastrophic Industrial Accident: Any single event resulting in aggregate workers compensation losses in excess of \$50 million

SCHEDULE

Payroll

Rate

<i>SERFF Tracking Number:</i>	<i>SELC-125497507</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved

02/22/2008

Comments:

Attachment:

NAIC Transmittal 3-07.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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					
3. Group Name Selective Insurance Group	Group NAIC # 242				
4. Company Name(s) Selective Insurance Company of America	Domicile NJ	NAIC # 12572	FEIN # 22-1272390	State #	
5. Company Tracking Number		08F-WC-03AR			
Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]					
6. Name and address Tracy Potter (Rossman)	Title State Filing Specialist	Telephone #s 800-777-9656 x 1178	FAX # 973-948-4538	e-mail tracy.potter@selectiv e.com	
7. Signature of authorized filer					
8. Please print name of authorized filer		Tracy Potter (Rossman)			
Filing information (see General Instructions for descriptions of these fields)					
9. Type of Insurance (TOI)	Workers Comp				
10. Sub-Type of Insurance (Sub-TOI)	Standard Workers Comp				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]					
12. Company Program Title (Marketing title)	Terrorism Risk Form Filing				
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:	01-01-2008	Renewal:	01-01-2008	

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	Item P-1405; Terrorism Risk Insurance Program Reauthorization Act of 2007 Endorsements
18.	Company's Date of Filing	02-21-2008
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	08F-WC-03AR
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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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Arkansas law does not permit NCCI to file rules and rates on its members' behalf. Therefore, we are making an independent filing with the Arkansas Insurance Department electing to adopt an item filing filed by NCCI and subsequently approved by your Department. As we are to advise of the NCCI Item Filing number when filing for use of the revised Terrorism forms WC000421B & WC000113A, the item filing # is P-1405 (Terrorism Risk Insurance Program Reauthorization Act of 2007 Endorsements). Thank you.

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: 20.00 \$20.00 per reference organization form filing</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.)**