

SERFF Tracking Number: TRAX-125488573 State: Arkansas
Filing Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. State Tracking Number: EFT \$50
Company Tracking Number: ML AR0730201F01
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: TRIPRA 2007 - Independent Form Filing - Terrorism
Project Name/Number: TRIPRA 2007 - Independent Form Filing - Terrorism Coverage Disclosure Notice/ML AR0730201F01

Filing at a Glance

Company: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.

Product Name: TRIPRA 2007 - Independent SERFF Tr Num: TRAX-125488573 State: Arkansas

Form Filing - Terrorism

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 35.0002 Commercial Interline Filings

Co Tr Num: ML AR0730201F01

State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Author: SPI Transguard

Disposition Date: 02/25/2008

Date Submitted: 02/14/2008

Disposition Status: Approved

Effective Date Requested (New): 12/26/2007

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal): 01/01/2008

State Filing Description:

General Information

Project Name: TRIPRA 2007 - Independent Form Filing - Terrorism Coverage Disclosure Notice

Status of Filing in Domicile:

Project Number: ML AR0730201F01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/25/2008

State Status Changed: 02/25/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

See attached cover letter and Expedited Filing Transmittal Document.

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Company and Contact

Filing Contact Information

Robert Goddard, Compliance Analyst Robert.Goddard@Transguard.com
 215 Shuman Blvd (630) 864-3476 [Phone]
 Naperville, IL 60563 (630) 864-3579[FAX]

Filing Company Information

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. CoCode: 28886 State of Domicile: Illinois
 215 Shuman Blvd Group Code: 225 Company Type: Property & Casualty
 Suite 400
 Naperville, IL 60563 Group Name: IAT Reinsurance State ID Number:
 Company Group
 (800) 796-2480 ext. [Phone] FEIN Number: 36-3529298

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.	\$50.00	02/14/2008	17985762

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/25/2008	02/25/2008

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Disposition

Disposition Date: 02/25/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

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	AR - EXPD FILING TRANS FOR TER RISK	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Disclosure Notice of Terrorism Insurance Coverage	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Disclosure Notice of Terrorism Insurance Coverage	099022	(01/08)	Disclosure/ New Notice		0.00	099022.PDF



DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

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.

Acceptance or Rejection of Terrorism Insurance Coverage to be effective: _____

Please initial your choice and sign below. Please return this page along with your signed coverage Order Form. Your policy will be issued reflecting your selection or rejection of this coverage.

	I hereby elect to purchase Terrorism Coverage for the prospective premium indicated below:	
	\$	Property Coverage Section
	\$	Inland Marine Coverage Section
	\$	General Liability Coverage Section
	Not Available	Commercial Automobile Coverage Section
	Not Available	Crime & Fidelity Coverage Section
	\$	Umbrella Liability Coverage
	I hereby decline to purchase terrorism coverage. I understand that as of the effective date of coverage shown above, I will have no coverage for losses arising from acts of terrorism.	

Policyholder/Applicant's Signature

Print Name

Date Signed

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Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-Property & Casualty
Bypass Reason: Not applicable to filings made under the expedited filing procedures of Arkansas Bulletin No. 1-2008.
Comments:

Review Status:
Approved 02/25/2008

Satisfied -Name: AR - EXPD FILING TRANS FOR TER RISK
Comments:
See attached Expedited Filing Transmittal Form.
Attachment:
AR - EXPD FILING TRANS FOR TER RISK.PDF

Review Status:
Approved 02/25/2008

Satisfied -Name: Cover Letter
Comments:
See attached cover letter.
Attachment:
Cover Letter.PDF

Review Status:
Approved 02/25/2008

**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 checked="" 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 #
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.	IL	0225-28886	36-3529298

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Robert Goddard - Compliance Analyst TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. 215 Shuman Boulevard, Suite 400 Naperville, Illinois 60563	630-864-3476	630-864-3579	Robert.Goddard@Transguard.com

Filing information

Line of Insurance (see attachment)	Multiple Lines
Company Program Title (Marketing title) (if applicable)	Terrorism Related Filings
Filing Type ** see note below	(Interline) Form
This application is used with:	Commercial lines of insurance subject to TRIA as amended
Effective Date Requested	12/26/2007
Filing date	02/14/2008
Company Tracking Number	ML AR0730201F01
Date filing approved in domiciliary state, if applicable	Submitted as an informational filing on 02/01/2008.

	Component/Form Name /Description/Synopsis	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	Disclosure Notice of Terrorism Insurance Coverage	099022 (01/08)	<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:

- 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

Robert Goddard

Print Name:

Compliance Analyst

Title:



215 Shuman Blvd., Suite 400
Naperville, IL 60563

February 14, 2008

Commissioner Julie Benafield Bowman
Attn: Property & Casualty Division
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Submitted Via SERFF

RE: Multiple Lines
TRIPRA 2007 - Independent Form Filing - Terrorism Coverage Disclosure Notice
TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.
NAIC#: 0225-28886 FEIN: 36-3529298
Informational Filing
Filing#: ML AR0730201F01

Dear Property & Casualty Division:

Enclosed for filing on our behalf is the following interline disclosure notice. This form will be used to provide the terrorism coverage disclosure notice required for lines subject to the Terrorism Risk Insurance Act, as amended. TRANSGUARD is a subscriber of Insurance Services Office, Inc. (ISO).

099022 (01/08) Disclosure Notice of Terrorism Insurance Coverage

This notice may be system-generated and formatted differently due to systems constraints. The content, however, will remain the same. In such case, the enclosed form will not be refilled unless otherwise requested by your Department in response to this filing.

This filing was submitted for informational purposes only in accordance with your expedited filing guidelines for filings resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007. We request a filing effective date of **December 26, 2007**, the effective date of this Act.

Please acknowledge your acceptance of this filing.

If you have any questions or require additional information, do not hesitate to contact me directly.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert E. Goddard', written in a cursive style.

Robert E. Goddard
Compliance Analyst
Phone: 800-796-2480 Ext. 3476
Fax: 630-864-3579
Email: Robert.Goddard@Transguard.com

Enclosure(s)