

SERFF Tracking Number: WESA-125450487 State: Arkansas  
 Filing Company: Arch Insurance Company State Tracking Number: #1874 \$50  
 Company Tracking Number: ARCH-08-016  
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability  
 Product Name: Executive Assurance Programs  
 Project Name/Number: Terrorism Coverage Disclosure Notice Submission/ARCH-08-016

## Filing at a Glance

Company: Arch Insurance Company  
 Product Name: Executive Assurance Programs SERFF Tr Num: WESA-125450487 State: Arkansas  
 TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #1874 \$50  
 Made/Occurrence  
 Sub-TOI: 17.0019 Professional Errors & Omissions Liability Co Tr Num: ARCH-08-016 State Status: Fees verified and received  
 Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding  
 Authors: Westmont Associates, Wesley Pohler Disposition Date: 02/04/2008  
 Date Submitted: 01/25/2008 Disposition Status: Approved  
 Effective Date Requested (New): 12/26/2007 Effective Date (New):  
 Effective Date Requested (Renewal): 12/26/2007 Effective Date (Renewal):  
 State Filing Description:

## General Information

Project Name: Terrorism Coverage Disclosure Notice Submission Status of Filing in Domicile: Pending  
 Project Number: ARCH-08-016 Domicile Status Comments: Pending in Missouri  
 Reference Organization: None Reference Number: None  
 Reference Title: None Advisory Org. Circular: None  
 Filing Status Changed: 02/04/2008  
 State Status Changed: 02/04/2008 Deemer Date:  
 Corresponding Filing Tracking Number:  
 Filing Description:  
 Enclosed please find attached the Company's Executive Assurance Terrorism Coverage Disclosure Notice submission.  
 A letter permitting Westmont Associates, Inc. to submit this filing on Arch's behalf is enclosed.

On December 26, 2007, the Federal Government reauthorized and extended the Terrorism Risk Insurance Program. In

SERFF Tracking Number: WESA-125450487 State: Arkansas  
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response to this action, the Company is filing the attached Terrorism Coverage Disclosure Notice (00 MLT0027 00 01 08) for your information.

Your acknowledgement of this submission is respectfully requested. If you have any questions or concerns regarding the filing, please do not hesitate to contact me. Thank you for your attention to this matter.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - westmontassociatesinc)

Sherri Nierzwicki, Analyst sherri@westmontlaw.com  
 25 Chestnut Street (856) 216-0220 [Phone]  
 Haddonfield, NJ 08033 (856) 216-0303[FAX]

### Filing Company Information

Arch Insurance Company CoCode: 11150 State of Domicile: Missouri  
 300 First Stamford Place Group Code: 1279 Company Type: Property and Casualty  
 5th Floor East  
 Stamford, CT 06902 Group Name: State ID Number:  
 (203) 388-3220 ext. [Phone] FEIN Number: 43-0990710  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 filing fee for AR.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arch Insurance Company	\$0.00	01/25/2008	

*SERFF Tracking Number:* WESA-125450487      *State:* Arkansas  
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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1874	\$50.00	01/24/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	02/04/2008	02/04/2008

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## **Disposition**

Disposition Date: 02/04/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125450487 State: Arkansas  
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 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes
<b>Supporting Document</b>	Letter of Authorization	Approved	Yes
<b>Supporting Document</b>	Expedited Transmittal	Approved	Yes
<b>Form</b>	Terrorism Coverage Disclosure Notice	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 Coverage Disclosure Notice	00 MLT0027	01 08	Disclosure/ New Notice		0.00	00MLT0027 000108.pdf

# TERRORISM COVERAGE DISCLOSURE NOTICE

## TERRORISM COVERAGE PROVIDED UNDER THIS POLICY

The Terrorism Risk Insurance Act of 2002 and amendments thereto (collectively referred to as the "Act") established 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. An act of terrorism is defined as any act 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 an air carrier or vessel 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.

In accordance with the 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. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and not pay the premium? You may accept or reject this offer.

If your policy provides commercial property coverage, in certain states, statutes or regulations may require coverage for fire following an act of terrorism. In those states, if terrorism results in fire, we will pay for the loss or damage caused by that fire, subject to all applicable policy provisions including the Limit of Insurance on the affected property. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements that apply to those coverage forms, or to Legal Liability coverage forms or Leasehold Interest coverage forms.

**Your premium will include the additional premium for terrorism as stated in the section of this Notice titled DISCLOSURE OF PREMIUM.**

### 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 deductible during Program Year 2008 and each Program Year thereafter through 2014.**

### DISCLOSURE OF CAP ON ANNUAL LIABILITY

If the aggregate insured terrorism losses of all insurers exceed \$100,000,000,000 during any Program Year provided in the Act, the Secretary of the Treasury shall not make any payments for any portion of the amount of such losses that exceed \$100,000,000,000, and if we have met our insurer deductible, we shall not be liable for the payment of any portion of such losses that exceeds \$100,000,000,000.

### DISCLOSURE OF PREMIUM

Your premium for terrorism coverage is:  
(This charge/amount is applied to obtain the final premium.)

**You may choose to reject the offer by signing the statement below and returning it to us. Your policy will be changed to exclude the described coverage.** If you chose to accept this offer, this form does not have to be returned.

### REJECTION STATEMENT

I hereby decline to purchase coverage for certified acts of terrorism. I understand that an exclusion of certain terrorism losses will be made part of this policy.

\_\_\_\_\_  
Policyholder/Legal Representative/Applicant's  
Signature

\_\_\_\_\_  
Named Insured

\_\_\_\_\_  
Print Name of Policyholder/Legal  
Representative /Applicant

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Policy Number:



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Liability  
  
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## **Rate Information**

Rate data does NOT apply to filing.

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Product Name: Executive Assurance Programs  
Project Name/Number: Terrorism Coverage Disclosure Notice Submission/ARCH-08-016

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 02/04/2008

**Comments:**  
**Attachment:**  
AR NAIC.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 02/04/2008

**Comments:**  
Attached is our cover letter.  
**Attachment:**  
Final Cover.pdf

**Satisfied -Name:** Letter of Authorization **Review Status:** Approved 02/04/2008

**Comments:**  
Attached is the letter of authorization  
**Attachment:**  
2008 Use this Letter.pdf

**Satisfied -Name:** Expedited Transmittal **Review Status:** Approved 02/04/2008

**Comments:**  
**Attachment:**  
Signed Expedited Transmittal.pdf

## Property & Casualty Transmittal Document (Revised 1/1/06)

AR \_\_\_\_\_

**1. Reserved for Insurance Dept. Use Only**

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**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:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

<b>3. Group Name</b>	<b>Group NAIC #</b>
Arch Insurance Services	1279

4. Company Name(s)	Domicile	NAIC #	FEIN #
Arch Insurance Company	MO	11150	43-0990710

<b>5. Company Tracking Number</b>	ARCH-08-016
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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
Sherri Penn	Senior Analyst	(321) 613-2086	(856) 216-0303	sherri@westmontlaw.com
25 Chestnut Street, Suite 105 Haddonfield, NJ 08033				
<b>7. Signature of authorized filer</b>		<b><i>Sherri Penn</i></b>		
<b>8. Please print name of authorized filer</b>		Sherri Penn		

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

9. Type of Insurance (TOI),	Please select from the drop down list. 17.0 - Other Liability
10. Sub-Type of Insurance (Sub-TOI)	n/a
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	None
12. Company Program Title (marketing title)	Executive Assurance Program
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: _____
14. Effective Date(s) Requested	New: 12/26/07      Renewal: 12/26/07
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> (No)
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	1/25/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document ---

20.	<b>This filing transmittal is part of Company Tracking #</b>	ARCH-08-016
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21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Submission of Terrorism Coverage Disclosure Notice for Company's Executive Assurance Program.

22.	<b>Filing Fees</b> (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]
-----	---

**Check #:**

**Amount:**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

### FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	ARCH-08-016			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	n/a			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Executive Assurance Program	00 MLT0027 00 01 08	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



**WESTMONT  
ASSOCIATES, INC.**

January 23, 2008

Commissioner of Insurance  
Department of Insurance  
Property and Casualty Division  
Form Review Section

**RE: Arch Insurance Company /NAIC# 11150/ FEIN# 43-0990710  
Executive Assurance Program  
Terrorism Coverage Disclosure Notice  
EXPEDITED FILING  
Effective Date: December 26, 2007  
Filing Number: ARCH-08-016**

To Whom It May Concern:

Enclosed please find attached the Company's Executive Assurance Terrorism Coverage Disclosure Notice submission. A letter permitting Westmont Associates, Inc. to submit this filing on Arch's behalf is enclosed.

On December 26, 2007, the Federal Government reauthorized and extended the Terrorism Risk Insurance Program. In response to this action, the Company is filing the attached Terrorism Coverage Disclosure Notice (00 MLT0027 00 01 08) for your information.

Your acknowledgement of this submission is respectfully requested. If you have any questions or concerns regarding the filing, please do not hesitate to contact me. Thank you for your attention to this matter.

Respectfully submitted,

***Sherri Penn***

Sherri Penn  
Senior Analyst  
[sherri@westmontlaw.com](mailto:sherri@westmontlaw.com)

Enclosures

cc: N. Stepanski – Westmont  
C. Kennedy – Arch

www.archinsurance.com



One Liberty Plaza  
53rd Floor  
New York, NY 10006

T 212.651.6500  
F 212.651.6499

January 1, 2008

Arch Insurance Company  
NAIC: #11150  
Letter of Authorization  
Filing of Forms, Rates and Rules

Dear Sir or Madame:

In accordance with the applicable statutes and regulations in your state, Wesley Pohler and Westmont Associates are hereby authorized to file form, rate and rate filings on behalf of Arch Insurance Company.

Very truly yours,

Carol Kennedy  
Vice President & Director of Compliance

**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 checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Arch Insurance Company	Missouri	11150	43-0990710

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Westmont Associates, Suite 105; Haddonfield, NJ 08033	(321) 613-2086	(856) 216-0303	

**Filing information**

Line of Insurance (see attachment)	Other Liability
Company Program Title (Marketing title) (if applicable)	Executive Assurance Program
Filing Type ** see note below	Submission of Disclosure Notice
This application is used with:	Executive Assurance Policy
Effective Date Requested	12/26/2007
Filing date	1/25/2008
Company Tracking Number	ARCH-08-016
Date filing approved in domiciliary state, if applicable	Pending in MO

	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	Terrorism Disc. Notice	00 MLT0027 00 0108	<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.

Sherri Penn  
Signature

Sherri Penn  
Print Name:

Senior Analyst  
Title: