

SERFF Tracking Number: WESA-125457806 State: Arkansas  
 Filing Company: Arch Insurance Company State Tracking Number: #26724 \$50  
 Company Tracking Number: ARCH-08-022  
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
 Product Name: Commercial Property/Excess Property  
 Project Name/Number: Submission of Disclosure Notice and Endorsement in Response to Reauthorizaiton of TRIA/ARCH-08-022

## Filing at a Glance

Company: Arch Insurance Company  
 Product Name: Commercial Property/Excess Property  
 TOI: 01.0 Property  
 Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
 Filing Type: Form

SERFF Tr Num: WESA-125457806 State: Arkansas  
 SERFF Status: Closed  
 Co Tr Num: ARCH-08-022  
 Co Status:  
 Authors: Westmont Associates, Wesley Pohler  
 Date Submitted: 01/28/2008

State Tr Num: #26724 \$50  
 State Status: Fees verified and received  
 Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding  
 Disposition Date: 02/08/2008  
 Disposition Status: Approved

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

Effective Date (New): 02/08/2008  
 Effective Date (Renewal): 02/08/2008

State Filing Description:

## General Information

Project Name: Submission of Disclosure Notice and Endorsement in Response to Reauthorizaiton of TRIA  
 Project Number: ARCH-08-022  
 Reference Organization: None  
 Reference Title: None  
 Filing Status Changed: 02/08/2008  
 State Status Changed: 02/05/2008  
 Corresponding Filing Tracking Number:  
 Filing Description:  
 Submission of terrorism disclosure notice and terrorism exclusion form in response to the Federal Reauthorization of the Terrorism Risk Insurance Act.

Status of Filing in Domicile: Pending  
 Domicile Status Comments: Pending in Missouri  
 Reference Number: None  
 Advisory Org. Circular: None  
 Deemer Date:

SERFF Tracking Number: WESA-125457806 State: Arkansas  
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## Company and Contact

### Filing Contact Information

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

Meghan Slenkamp, Analyst meghans@westmontlaw.com  
 25 Chestnut Street (856) 216-0220 [Phone]  
 Haddonfield, NJ 08033

### 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  
 -----

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arch Insurance Company	\$0.00	01/28/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
26724	\$50.00	01/28/2008

SERFF Tracking Number: WESA-125457806 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/08/2008	02/08/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Uniform Transmittal Document-Property & Casualty	Supporting Document	Westmont Associates	01/29/2008	01/29/2008

*SERFF Tracking Number:* WESA-125457806      *State:* Arkansas  
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## **Disposition**

Disposition Date: 02/08/2008

Effective Date (New): 02/08/2008

Effective Date (Renewal): 02/08/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125457806 State: Arkansas  
 Filing Company: Arch Insurance Company State Tracking Number: #26724 \$50  
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 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
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Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms Listing	Approved	Yes
Supporting Document	Withdrawn Forms	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	Expedited Transmittal Form	Approved	Yes
Form	Terrorism Coverage Disclosure Notice	Approved	Yes
Form	Terrorism Exclusions Endorsement (U.S. Locations and Locations Outside U.S)	Approved	Yes

SERFF Tracking Number: WESA-125457806 State: Arkansas  
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**Amendment Letter**

Amendment Date:

Submitted Date: 01/29/2008

**Comments:**

Please find attached the correct version of the NAIC Transmittal Forms to be filed.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**Satisfied -Name: Uniform Transmittal Document-Property & Casualty**

Comment: Attached is the NAIC Transmittal Form.

AR NAIC1.pdf

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 Product Name: Commercial Property/Excess Property  
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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 MLT0031	01 08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 00 MLT0031 00 02 06 Previous Filing #:		00MLT0031 000108.pdf
Approved	Terrorism Exclusions Endorsement (U.S. Locations and Locations Outside U.S)	00 PRP0087	01 08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 00 PRP0072 00 01 06 Previous Filing #:		00PRP0087 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. **This offer does not include coverage for incidents of nuclear, biological, chemical, or radiological terrorism which will be excluded from your policy.** 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:



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**TERRORISM EXCLUSIONS ENDORSEMENT  
(U.S. Locations and Locations Outside U.S.)**

This endorsement modifies insurance provided under the Policy.

The provisions of **PART I** of this endorsement apply with respect to risks located in the “United States”.

The provisions of **PART II** of this endorsement apply with respect to risks located outside the “United States”.

The following definitions are added and apply under **PART I** and **PART II** of this endorsement whenever the term terrorism or the term United States is enclosed in quotation marks:

- A.** “Terrorism” means activities against persons, organizations or property of any nature:
- 1.** that involve the following or preparation for the following:
    - a.** use or threat of force or violence; or
    - b.** commission or threat of a dangerous act; or
    - c.** commission or threat of an act that interferes with or disrupts an electronic, communication, information, or mechanical system; and
  - 2.** When:
    - a.** the effect is to intimidate or coerce a government or a civilian population or any segment thereof, or to disrupt any segment of the economy; and/or
    - b.** it appears that the intent is to intimidate or coerce a government or a civilian population, or to further a philosophical, political, ideological, religious, social or economic objective or to express (or express opposition to) a philosophical, political, ideological, religious, social or economic objective.
- B.** “United States” has the same meaning as provided in the federal Terrorism Risk Insurance Act of 2002 and any amendment(s) thereto.

**PART I – RISKS LOCATED IN THE UNITED STATES**

**With respect to risks located in the “United States”, the following provisions shall apply:**

- A.** The following exclusion is added:

**Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism**

We (the Company) will not pay for loss or damage caused directly or indirectly by “terrorism”, including action in hindering or defending against an actual or expected incident of “terrorism”. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to such loss or damage. **But this exclusion applies only when one or more of the following are attributed to an incident of “terrorism”:**

1. The "terrorism" is carried out by means of the dispersal or application of radioactive material, or through the use of a nuclear weapon or device that involves or produces a nuclear reaction, nuclear radiation or radioactive contamination; or
2. Radioactive material is released, and it appears that one purpose of the "terrorism" was to release such material; or
3. The "terrorism" involves the use, release, or escape of nuclear materials, or that directly or indirectly results in nuclear reaction, nuclear radiation or radioactive contamination; or
4. The "terrorism" is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
5. Pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the "terrorism" was to release such materials.

**B. Exception Covering Certain Fire Losses**

The following exception to the **EXCLUSION OF TERRORISM INVOLVING NUCLEAR, BIOLOGICAL OR CHEMICAL TERRORISM** may apply.

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 (the Company) 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 insured property (Covered Property). Therefore, for example, the coverage does not apply to insurance provided under Business Interruption, Business Income and/or Extra Expense, Rental Value coverage, coverage forms or endorsements that apply to those coverage forms, or to the Legal Liability Coverage Form or the Leasehold Interest Coverage Form.

**C. Limitation of Amount of Coverage**

If this policy provides coverage that is excess insurance, coverage provided under this endorsement shall apply in excess of the stated attachment point in the policy and proportionally to the loss or damage based on the percentage shown in the Declarations, subject to applicable deductibles. In no event shall this coverage drop down, or apply unless and until loss or damage exceeding such attachment point is sustained, and then only for the proportion of such excess loss attributable to our participation. Should this clause conflict in any way with other drop-down or priority of payment clauses contained in this policy, this clause shall control as pertains to coverage provided by this policy.

**D. Application of Other Exclusions**

1. When the EXCLUSION OF TERRORISM INVOLVING NUCLEAR, BIOLOGICAL OR CHEMICAL TERRORISM applies in accordance with the terms of A.1., A.2. or A.3., such exclusion applies without regard to the Nuclear Hazard Exclusion in this Coverage Form, Coverage Part or Policy.
2. The EXCLUSION OF TERRORISM INVOLVING NUCLEAR, BIOLOGICAL OR CHEMICAL TERRORISM contained in this Endorsement replaces any terrorism exclusion contained in this Coverage Form, Coverage Part or Policy.
3. The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss or damage which would otherwise be excluded under this Coverage Form, Coverage Part or Policy, such as losses

excluded by the Nuclear Hazard Exclusion, War Exclusion, or the War And Military Action Exclusion.

## **PART II – RISKS LOCATED OUTSIDE THE UNITED STATES**

**With respect to risks located outside the “United States”, the following provisions shall apply:**

**A.** The following exclusion is added:

### **EXCLUSION OF TERRORISM**

We (the Company) will not pay for loss or damage caused directly or indirectly by “terrorism”, including action in hindering or defending against an actual or expected incident of “terrorism”. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to such loss or damage.

This exclusion also applies when one or more of the following are attributed to an incident of “terrorism”:

1. The “terrorism” is carried out by means of the dispersal or application of radioactive material, or through the use of a nuclear weapon or device that involves or produces a nuclear reaction, nuclear radiation or radioactive contamination; or
2. Radioactive material is released, and it appears that one purpose of the “terrorism” was to release such material; or
3. The “terrorism” involves the use, release, or escape of nuclear materials, or that directly or indirectly results in nuclear reaction, nuclear radiation or radioactive contamination; or
4. The “terrorism” is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
5. Pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the “terrorism” was to release such materials.

### **B. Application of Other Exclusions**

1. When the EXCLUSION OF TERRORISM applies in accordance with the terms of A.1., A.2. or A.3. of Part II, such exclusion applies without regard to the Nuclear Hazard Exclusion in this Coverage Form, Coverage Part or Policy.
2. The EXCLUSION OF TERRORISM contained in this Endorsement replaces any terrorism exclusion contained in this Coverage Form, Coverage Part or Policy.
3. The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss or damage which would otherwise be excluded under this Coverage Form, Coverage Part or Policy, such as losses excluded by the Nuclear Hazard Exclusion, War Exclusion, or the War And Military Action Exclusion.

All other terms and conditions of this Policy remain unchanged.

Endorsement Number:

Policy Number:

Named Insured:

This endorsement is effective on the inception date of this policy unless otherwise stated herein:

Endorsement Effective Date:

*SERFF Tracking Number:* WESA-125457806      *State:* Arkansas  
*Filing Company:* Arch Insurance Company      *State Tracking Number:* #26724 \$50  
*Company Tracking Number:* ARCH-08-022  
*TOI:* 01.0 Property      *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied Lines)  
*Product Name:* Commercial Property/Excess Property  
*Project Name/Number:* Submission of Disclosure Notice and Endorsement in Response to Reauthorizaiton of TRIA/ARCH-08-022

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125457806 State: Arkansas  
 Filing Company: Arch Insurance Company State Tracking Number: #26724 \$50  
 Company Tracking Number: ARCH-08-022  
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 02/08/2008

**Comments:**

Attached is the NAIC Transmittal Form.

**Attachment:**

AR NAIC1.pdf

**Satisfied -Name:** Forms Listing **Review Status:** Approved 02/08/2008

**Comments:**

Attached is the Forms Listing

**Attachment:**

Forms Listing - CW.pdf

**Satisfied -Name:** Withdrawn Forms **Review Status:** Approved 02/08/2008

**Comments:**

Please withdraw all forms listed on the attached Withdrawn Forms list.

**Attachment:**

Withdrawn Forms CW.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 02/08/2008

**Comments:**

Attached is the Cover Letter.

**Attachment:**

Cover Letter.pdf

**Satisfied -Name:** Letter of Authorization **Review Status:** Approved 02/08/2008

*SERFF Tracking Number:* WESA-125457806      *State:* Arkansas  
*Filing Company:* Arch Insurance Company      *State Tracking Number:* #26724 \$50  
*Company Tracking Number:* ARCH-08-022  
*TOI:* 01.0 Property      *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied Lines)  
*Product Name:* Commercial Property/Excess Property  
*Project Name/Number:* Submission of Disclosure Notice and Endorsement in Response to Reauthorizaiton of TRIA/ARCH-08-022

**Comments:**

Attached is the letter of authorization

**Attachment:**

2008 Use this Letter.pdf

SERFF Tracking Number: WESA-125457806 State: Arkansas  
Filing Company: Arch Insurance Company State Tracking Number: #26724 \$50  
Company Tracking Number: ARCH-08-022  
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Commercial Property/Excess Property  
Project Name/Number: Submission of Disclosure Notice and Endorsement in Response to Reauthorizaiton of TRIA/ARCH-08-022

**Review Status:**

**Satisfied -Name:** Expedited Transmittal Form Approved 02/08/2008

**Comments:**

Attached is the Expedited Transmittal Form.

**Attachment:**

Expedited Transmittal Form.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-08-022
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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
	Meghan Slenkamp 25 Chestnut Street, Suite 105 Haddonfield, NJ 08033	Analyst	(856) 216-0220	(856) 216-0303	meghans@westmontlaw.com

7. Signature of authorized filer	<b><i>Meghan Slenkamp</i></b>
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8. Please print name of authorized filer	Meghan Slenkamp
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**Filing information (see General Instructions for descriptions of these fields)**

9.	Type of Insurance (TOI),	Please select from the drop down list. 1.000 Property		
10.	Sub-Type of Insurance (Sub-TOI)	1.0001 Commercial Property		
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	None		
12.	Company Program Title (marketing title)	Commercial Property/Excess Property		
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	1/28/08		
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-08-022
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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 disclosure notice and terrorism exclusion form in response to the Federal Reauthorization of the Terrorism Risk Insurance Act.

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]
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**Check #:** 26724

**Amount:** \$50.00

**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-08-022			
<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	Terrorism Coverage Disclosure Notice	00 MLT0031 00 01 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	00 MLT0031 00 02 06	
02	Terrorism Exclusions Endorsement (U.S. Locations and Locations Outside U.S)	00 PRP0087 00 01 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	00 PRP0072 00 01 06	
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

**ARCH INSURANCE COMPANY -**  
**FORMS LISTING**

<b><u>Form Number</u></b>	<b><u>Form Name</u></b>
00 MLT0031 00 01 08	Terrorism Coverage Disclosure Notice
00 PRP0087 00 01 08	Terrorism Exclusions Endorsement (U.S. Locations and Locations Outside U.S)

**ARCH INSURANCE COMPANY -**  
**WITHDRAWN FORMS**

Please withdraw the following forms:

<b>Form Number</b>
00 PRP0072 00 01 06
00 PRP0073 00 01 06
00 PRP0075 00 02 06



**WESTMONT  
ASSOCIATES, INC.**

January 28, 2008

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

**RE: Arch Insurance Company /NAIC# 11150/ FEIN# 43-0990710  
Commercial Property/Excess Property  
Terrorism Risk Insurance Program Reauthorization Act Endorsement  
EXPEDITED FILING  
Effective Date: December 26, 2007  
Filing Number: ARCH-08-022**

To Whom It May Concern:

Enclosed please find attached the Company's Commercial Property/Excess Property Terrorism Risk Insurance Program Reauthorization Act Endorsement 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 MLT0031 00 01 08) and the Terrorism Exclusions Endorsement - U.S. Locations and Locations Outside U.S (00 PRP0087 00 01 08).

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,

***Meghan Slenkamp***

Meghan Slenkamp

Analyst

[meghans@westmontlaw.com](mailto:meghans@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	MO	11150	43-0990710

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Westmont Associates, Inc 25 Chestnut Street Suite 105 Haddonfield, NJ 08033	(856) 216-0220	(856) 216-0303	meghans@westmontlaw.com

**Filing information**

Line of Insurance (see attachment)	1.0000 Property
Company Program Title (Marketing title) (if applicable)	Commercial Property/Excess Property
Filing Type ** see note below	Replacement of Current Form
This application is used with:	Commercial Property/Excess Property
Effective Date Requested	12/26/07
Filing date	1/28/08
Company Tracking Number	ARCH-08-022
Date filing approved in domiciliary state, if applicable	Pending in Missouri

	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 Coverage Disclosure Notice	00 MLT0031 00 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	00 MLT0031 00 02 06	
02	Terrorism Exclusions Endorsement (U.S. Locations and Locations Outside U.S)	00 PRP0087 00 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	00 PRP0072 00 01 06	

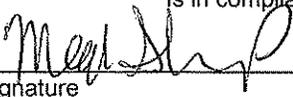
To be complete, a form filing must include the following:

- 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

Meghan Slenkamp  
Print Name:

Analyst  
Title:

*SERFF Tracking Number:* WESA-125457806      *State:* Arkansas  
*Filing Company:* Arch Insurance Company      *State Tracking Number:* #26724 \$50  
*Company Tracking Number:* ARCH-08-022  
*TOI:* 01.0 Property      *Sub-TOI:* 01.0001 Commercial Property (Fire and Allied Lines)  
  
*Product Name:* Commercial Property/Excess Property  
*Project Name/Number:* Submission of Disclosure Notice and Endorsement in Response to Reauthorizaiton of TRIA/ARCH-08-022

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Supporting Document	Uniform Transmittal Document-Property & Casualty	01/26/2008	AR NAIC.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-08-022
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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
	Meghan Slenkamp 25 Chestnut Street, Suite 105 Haddonfield, NJ 08033	Analyst	(856) 216-0220	(856) 216-0303	meghans@westmontlaw.com

7. Signature of authorized filer	<b><i>Meghan Slenkamp</i></b>
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8. Please print name of authorized filer	Meghan Slenkamp
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**Filing information (see General Instructions for descriptions of these fields)**

9.	Type of Insurance (TOI),	Please select from the drop down list. 1.000 Property
10.	Sub-Type of Insurance (Sub-TOI)	1.0001 Commercial Property
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	None
12.	Company Program Title (marketing title)	Commercial Property/Excess Property
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	1/28/08
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-08-022
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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 disclosure notice and terrorism exclusion form in response to the Federal Reauthorization of the Terrorism Risk Insurance Act.

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]
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**Check #:** 26724

**Amount:** \$50.00

**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-08-022			
<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	Terrorism Coverage Disclosure Notice	00 MLT0031 00 01 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	00 MLT0031 00 02 08	
02	Terrorism Exclusions Endorsement (U.S. Locations and Locations Outside U.S)	00 PRP0087 00 01 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	00 PRP0072 00 01 08	
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