

SERFF Tracking Number: ALSX-125544504 State: Arkansas
Filing Company: Allstate Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: BF1528
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Business Package Policy
Project Name/Number: Declaration Page Filing /BF1528

Filing at a Glance

Company: Allstate Insurance Company
Product Name: Business Package Policy SERFF Tr Num: ALSX-125544504 State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 05.0003 Commercial Package Co Tr Num: BF1528 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: SPI AllState Disposition Date: 03/19/2008
Date Submitted: 03/13/2008 Disposition Status: Approved
Effective Date Requested (New): 10/01/2008 Effective Date (New): 10/01/2008
Effective Date Requested (Renewal): 10/01/2008 Effective Date (Renewal): 10/01/2008

State Filing Description:

General Information

Project Name: Declaration Page Filing Status of Filing in Domicile: Pending
Project Number: BF1528 Domicile Status Comments: Filed 3/13/08
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 03/19/2008
State Status Changed: 03/19/2008 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

The Terrorism Risk Insurance Act, as amended, has been extended for seven years, through 2014. We have therefore revised the Commercial Business Package Policy Declarations Pages to reflect the extension of the Act, and to include the change in the federal backstop for 2008.

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 Liability
 Product Name: Business Package Policy
 Project Name/Number: Declaration Page Filing /BF1528

All Business: October 1, 2008

Company and Contact

Filing Contact Information

Kelly Urban, State Filings Analyst kurban@allstate.com
 2775 Sanders Road (847) 402-0157 [Phone]
 Northbrook, IL 60062 (847) 402-9757[FAX]

Filing Company Information

Allstate Insurance Company CoCode: 19232 State of Domicile: Illinois
 2775 Sanders Road Group Code: 8 Company Type: Property and
 Casualty

Suite A5
 Northbrook, IL 60062 Group Name: Allstate State ID Number:
 (847) 402-5000 ext. [Phone] FEIN Number: 36-0719665

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Insurance Company	\$50.00	03/13/2008	18613000

SERFF Tracking Number: ALSX-125544504 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/19/2008	03/19/2008

SERFF Tracking Number: *ALSX-125544504* State: *Arkansas*
 Filing Company: *Allstate Insurance Company* State Tracking Number: *EFT \$50*
 Company Tracking Number: *BF1528*
 TOI: *05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package Liability*
 Product Name: *Business Package Policy*
 Project Name/Number: *Declaration Page Filing /BF1528*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Business Property Declarations	Approved	Yes

SERFF Tracking Number: *ALSX-125544504* State: *Arkansas*
 Filing Company: *Allstate Insurance Company* State Tracking Number: *EFT \$50*
 Company Tracking Number: *BF1528*
 TOI: *05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package Liability*
 Product Name: *Business Package Policy*
 Project Name/Number: *Declaration Page Filing /BF1528*

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Business Property Declarations	BU9300A-4	01 08	Declaration Replaced s/Schedule	Replaced Form #:0.00 BU9300A-3 Previous Filing #: AR-PC-06-022292		BU9300A-4.PDF

ALLSTATE INSURANCE COMPANY
A STOCK INSURANCE COMPANY

HOME OFFICE 6 2775 SANDERS ROAD
 NORTHBROOK, IL

BUSINESS PACKAGE POLICY NO.

DECLARATIONS

1. **Named Insured:**

Address:

2. **Policy Period:** From _____ to _____
 Beginning and ending at _____ at the Address of the Named Insured stated above

3. **Named Insured is:**

4. **Business of the Named Insured:**

5. **In return for the payment of the premium and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.**

6. **Insurance applies only to the extent provided by the Forms and Endorsements that are specified by number below:**

Coverage Parts	Forms and Endorsements Applicable to Coverage Parts	Premium
PROPERTY		\$
CRIME		\$
INLAND MARINE		\$
GENERAL LIABILITY		\$
OTHER		\$
Forms and Endorsements Applicable to Entire Policy		Total Annual Provisional Premium
		\$
		from _____ to _____

The portion of the **total annual advance premium** shown above that is attributable to coverage for losses caused by "acts of terrorism" to which the Program established by the "Terrorism Risk Insurance Act., as amended applies is \$_____. **SEE DISCLOSURE NOTICE ON PAGE 2 of 2.**

Countersigned By _____, Authorized Agent

DECLARATIONS –Business Package Policy (continued)

**ALLSTATE INSURANCE COMPANY
A STOCK INSURANCE COMPANY**

POLICY NUMBER:

POLICYHOLDER DISCLOSURE

**NOTICE OF TERRORISM
INSURANCE COVERAGE**

The federal “Terrorism Risk Insurance Act, as amended (the federal Act), establishes a temporary federal Program (the federal Program) providing for a system of shared public and private compensation for certain insured commercial property and casualty losses resulting from “acts of terrorism,” as defined in the federal Act.

The federal Act defines an “act of terrorism” as an 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 of the United States in the case of certain air carriers or vessels or on the premises of a United States mission; and to have been committed by an individual or individuals, as a 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.

DISCLOSURE OF FEDERAL SHARE OF COMPENSATION FOR INSURED LOSSES

Insured losses caused by “acts of terrorism” to which the federal Program applies would be partially reimbursed by the United States of America under a formula established by the federal Act. Under that formula, the United States of America pays 85 percent of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceeds \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

DISCLOSURE OF PREMIUM

[AI: Only one (1) of the below should print.]

Your insurance coverage includes coverage for losses caused by “acts of terrorism” to which the federal Program applies (subject to policy terms, conditions, limitations and exclusions). The portion of your annual premium that is attributable to coverage for losses caused by “acts of terrorism” to which the federal Program applies is \$XX.XX.

[OR]

Your insurance coverage does not include coverage for losses caused by “acts of terrorism” to which the federal Program applies. Accordingly, the portion of your annual premium that is attributable to coverage for losses caused by “acts of terrorism” to which the federal Program applies is \$0.00. If you would like your insurance coverage to include coverage for losses caused by “acts of terrorism” to which the federal Program applies (subject to policy terms, conditions, limitations and exclusions), you may purchase that coverage for an additional annual premium charge of \$XX.XX. Please ask your agent for more information.

[OR]

[] Your insurance coverage does not include coverage for losses caused by "acts of terrorism" to which the federal Program applies, other than for losses to covered property caused by fire resulting from such "acts of terrorism." The portion of your annual premium that is attributable to coverage for losses to covered property caused by fire resulting from "acts of terrorism" to which the federal Program applies is \$XX.XX. If you would like your insurance coverage to include additional coverage for losses caused by "acts of terrorism" to which the federal Program applies, you may purchase that additional coverage for an additional annual premium charge of \$XX.XX. Coverage is subject to policy terms, conditions, limitations and exclusions. Please ask your agent for more information.

SERFF Tracking Number: ALSX-125544504 State: Arkansas
Filing Company: Allstate Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: BF1528
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
Liability
Product Name: Business Package Policy
Project Name/Number: Declaration Page Filing /BF1528

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 03/19/2008

Comments:

Attachments:

AR - EXPD FILING TRANS FOR TER RISK.PDF
AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING SCHEDULE.PDF
AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4_30_03)).PDF
AR - FORM FILING ABSTRACT F-1.PDF
BU9300A-4 Side by Side.PDF

**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 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 #
Allstate Insurance Company	IL	008-19232	36-0719665

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Kelly Urban 2775 Sanders Road, Suite A5 Northbrook IL 60062	847-402-0157 Ext. 20157	847-402-9757	kurban@allstate.c om

Filing information

Line of Insurance (see attachment)	Business Package Policy
Company Program Title (Marketing title) (if applicable)	Commercial Product
Filing Type ** see note below	Form (Declaration Page)
This application is used with:	CP0010, CP0017, CP0020, CG0001
Effective Date Requested	10/01/2008
Filing date	3/13/2008
Company Tracking Number	BF1528
Date filing approved in domiciliary state, if applicable	Filed in Illinois today

	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	Business Property Declarations	BU9300A-4 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	BU9300A-3 06 06	AR-PC-06-022292
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

Kelly Urban

Print Name:

State Filings Analyst

Title:

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

3. Group Name	Group NAIC #
Allstate	008

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Allstate Insurance Company	IL	19232	36-0719665	

5. Company Tracking Number	BF1528
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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
	Kelly Urban 2775 Sanders Road, Suite A5 Northbrook IL 60062	State Filings Analyst	800-366-2958 Ext. 20157	847-402-9757	kurban@allstate.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Kelly Urban

Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	05.0 Commercial Multi-Peril - Liability & Non-Liability
10.	Sub-Type of Insurance (Sub-TOI)	05.0003 Commercial Package
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Business Package Policy
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: 10/01/2008 Renewal: 10/01/2008
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	Not applicable
17.	Reference Organization # & Title	Not applicable
18.	Company's Date of Filing	March 13, 2008
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.	This filing transmittal is part of Company Tracking #	BF1528
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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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The Terrorism Risk Insurance Act, as amended, has been extended for seven years, through 2014. We have therefore revised the Commercial Business Package Policy Declarations Pages to reflect the extension of the Act, and to include the change in the federal backstop for 2008.

All Business: October 1, 2008

22.	<p>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> <p>Check #: Not applicable. Fee will be sent via EFT. Amount: \$50.00</p> <p>Form filing</p> <p style="text-align: center;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>
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***Refer to 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.)

1.	This filing transmittal is part of Company Tracking #	BF1528
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Business Property Declarations	BU9300A-4 01 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BU9300A-3	AR-PC-06-022292
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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)



I, Felix Mantilla, Asst. Vice President, Asst. General Counsel of
(Name) (Title of Authorized Officer)

Allstate Insurance Company
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- a. Arkansas Code Annotated;
- b. Arkansas Rules and Regulations;
- c. Arkansas Insurance Bulletins, Directives and Orders;
- d. Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- e. Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? <i>(Yes or No)</i> •	Yes
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If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number • BF1528	
Signature of Authorized Officer •	
Name of Authorized Officer •	Felix Mantilla
Title of Authorized Officer •	Asst. Vice President, Asst. General Counsel
Email address of Authorized Officer •	fmantill@allstate.com
Telephone # of Authorized Officer •	847-402-5000 Ext: 28374
Date •	

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us

ARKANSAS INSURANCE DEPARTMENT

FORM FILING ABSTRACT

ALL QUESTIONS MUST BE ANSWERED

Page 1 of 2

Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 3/13/2008
2. Company Name(s) Allstate Insurance Company
Group Name Allstate NAIC No. 19232 Group No. 008
3. (a) Annual Statement Line of Business Number (Page 14) Commercial Multi Peril
(b) Class of Business Business Package Policy
© Coverages Affected _____
4. (a) Name of Advisory Organization, if any Not applicable
(b) Affiliations with Advisory Organization: Member () Subscriber ()
5. Is this a reference filing? Yes () No () If yes, please provide the following:
(a) Name of Advisory Organization (or Affiliated Company) _____
(b) Date of Filing _____
© Filing Designation Number or Description _____

PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?
This form was filed today in Illinois
8. Is the form filed in response to or due to legislation? If so, specify legislation.
Yes - TRIA
9. Is the form in response to or due to recent court decisions? If so, give citation.
No

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



Signature

Kelly Urban

Title

847-402-0157

Telephone Number

Page 2 of 2

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
BU9300A-3 06 06	10/1/2008	BU9300A-4 01 08	Business Property Declarations

ALLSTATE INSURANCE COMPANY
A STOCK INSURANCE COMPANY

HOME OFFICE 6 2775 SANDERS ROAD
 NORTHBROOK, IL

BUSINESS PACKAGE POLICY NO.

DECLARATIONS

1. **Named Insured:**

Address:

2. **Policy Period:** From _____ to _____
 Beginning and ending at _____ at the Address of the Named Insured stated above

3. **Named Insured is:**

4. **Business of the Named Insured:**

5. **In return for the payment of the premium and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.**

6. **Insurance applies only to the extent provided by the Forms and Endorsements that are specified by number below:**

Coverage Parts	Forms and Endorsements Applicable to Coverage Parts	Premium
PROPERTY		\$
CRIME		\$
INLAND MARINE		\$
GENERAL LIABILITY		\$
OTHER		\$
Forms and Endorsements Applicable to Entire Policy		Total Annual Provisional Premium
		\$
		from _____ to _____

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DECLARATIONS –Business Package Policy (continued)

ALLSTATE INSURANCE COMPANY
A STOCK INSURANCE COMPANY

POLICY NUMBER:

The portion of the **total annual provisional premium** shown on page 1 of the Declarations that is attributable to coverage for losses caused by “acts of terrorism” to which the Program established by the “Terrorism Risk Insurance Act, as amended, applies is \$ _____ . **SEE DISCLOSURE NOTICE ON PAGE 3 of 3.**

Deleted: Act”, as extended on
December 22, 2005

Countersigned By _____ , Authorized Agent

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**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

The federal ~~Terrorism Risk Insurance Act, as amended,~~ (the federal Act), establishes a temporary federal Program (the federal Program) providing for a system of shared public and private compensation for certain insured commercial property and casualty losses resulting from "acts of terrorism," as defined in the federal Act.

Deleted: "
Deleted: Act"
Deleted: as extended on December 22, 2005

The federal Act defines an "act of terrorism" as an 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 of the United States in the case of certain air carriers or vessels or on the premises of a United States mission; and to have been committed by an individual or individuals, ~~as a 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.~~

Deleted: acting on behalf of any foreign person or foreign interest

DISCLOSURE OF FEDERAL SHARE OF COMPENSATION FOR INSURED LOSSES

Insured losses caused by "acts of terrorism" to which the federal Program applies would be partially reimbursed by the United States of America under a formula established by the federal Act. Under that formula, the United States of America pays ~~85 percent of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.~~

Deleted: 90 percent (
Deleted: in 2007)

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceeds \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

DISCLOSURE OF PREMIUM

[A]: Only one (1) of the below should print.]

[] Your insurance coverage includes coverage for losses caused by "acts of terrorism" to which the federal Program applies (subject to policy terms, conditions, limitations and exclusions). The portion of your annual premium that is attributable to coverage for losses caused by "acts of terrorism" to which the federal Program applies is \$XX.XX.

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¶

[OR]

[] Your insurance coverage does not include coverage for losses caused by "acts of terrorism" to which the federal Program applies. Accordingly, the portion of your annual premium that is attributable to coverage for losses caused by "acts of terrorism" to which the federal Program applies is \$0.00. If you would like your insurance coverage to include coverage for losses caused by "acts of terrorism" to which the federal Program applies (subject to policy terms, conditions, limitations and exclusions), you may purchase that coverage for an additional annual premium charge of \$XX.XX. Please ask your agent for more information.

[OR]

[] Your insurance coverage does not include coverage for losses caused by "acts of terrorism" to which the federal Program applies, other than for losses to covered property caused by fire resulting from such "acts of terrorism." The portion of your annual premium that is attributable to coverage for losses to covered property caused by fire resulting from "acts of terrorism" to which the federal Program applies is \$XX.XX. If you would like your insurance coverage to include additional coverage for losses caused by

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"acts of terrorism" to which the federal Program applies, you may purchase that additional coverage for an additional annual premium charge of \$XX.XX. Coverage is subject to policy terms, conditions, limitations and exclusions. Please ask your agent for more information.

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