

SERFF Tracking Number: AMLX-125509068 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$50
Company Tracking Number: BO AR0242501F01
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners Self Storage Program
Project Name/Number: 2008 TRIPRA Filing/BO AR0242501F01

Filing at a Glance

Company: American Alternative Insurance Corporation

Product Name: Businessowners Self Storage Program SERFF Tr Num: AMLX-125509068 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 05.0002 Businessowners Co Tr Num: BO AR0242501F01 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: SPI Disposition Date: 03/04/2008

AmericanAlternativeInsurance

Date Submitted: 02/26/2008

Disposition Status: Approved

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

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: 2008 TRIPRA Filing

Status of Filing in Domicile:

Project Number: BO AR0242501F01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/04/2008

State Status Changed: 03/04/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

American Alternative Insurance Corporation (AAIC) is submitting for your review the enclosed terrorism form filing. This filing applies to our Self-Storage Businessowners Program currently on file with your Department.

The purpose of this filing is to comply with the Terrorism Risk Insurance Program Reauthorization Act (TRIPRA) of

SERFF Tracking Number: AMLX-125509068 State: Arkansas
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Liability
Product Name: Businessowners Self Storage Program
Project Name/Number: 2008 TRIPRA Filing/BO AR0242501F01
2007.

Please refer to the enclosed explanatory memorandum for a full description of the form filing.

We propose that this filing apply to all policies effective on or after December 26, 2007, to comply with the Act.

Should you have any questions regarding this submission, please do not hesitate to ask.

Sincerely,

Melissa Jacobson
State Filing Analyst
mjacobson@munichreamerica.com
609/243-4840

Company and Contact

Filing Contact Information

Melissa Jacobson, State Filing Analyst mjacobson@munichreamerica.com
555 College Road East (800) 305-4954 [Phone]
Princeton, NJ 08543-5241 (609) 275-2147[FAX]

Filing Company Information

American Alternative Insurance Corporation CoCode: 19720 State of Domicile: Delaware
555 College Road East Group Code: 361 Company Type:
Princeton, NJ 08543-5241 Group Name: Munich Re Group State ID Number:
(800) 305-4954 ext. [Phone] FEIN Number: 52-2048110

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

SERFF Tracking Number: AMLX-125509068 State: Arkansas
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Project Name/Number: 2008 TRIPRA Filing/BO AR0242501F01
Fee Explanation: MJ-021508e \$ 50.00 1700000219 02/25/2008
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Alternative Insurance Corporation	\$50.00	02/26/2008	18159595

SERFF Tracking Number: AMLX-125509068 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/04/2008	03/04/2008

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Project Name/Number: 2008 TRIPRA Filing/BO AR0242501F01

Disposition

Disposition Date: 03/04/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLX-125509068 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	MP 5052-0 with revision marks	Approved	Yes
Supporting Document	Explanatory Memo	Approved	Yes
Supporting Document	Terrorism Filing form	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1	Approved	Yes
Supporting Document	AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03))	Approved	Yes
Supporting Document	AR - NAIC FORM FILING SCHEDULE	Approved	Yes
Form	Cap On Losses From Certified Acts Of Terrorism	Approved	Yes
Form	Policyholder 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	Cap On Losses From Certified Acts Of Terrorism	MP 5052-0	(01-08)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 MP 5052-0 Previous Filing #:		MP 5052-0.PDF
Approved	Policyholder Disclosure Notice 09 of Terrorism Insurance Coverage	TerrNotice	(01/08)	Disclosure/ Notice	New	0.00	TerrNotice09.PDF

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following:

SELF STORAGE OWNERS BUSINESSOWNERS COVERAGE FORM

- A.** The following provisions are added to the Self Storage Owners Businessowners Policy and apply to Property and Liability Coverages:

CAP ON CERTIFIED TERRORISM LOSSES

"Certified act of terrorism" means 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 pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is 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.

If the aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have not 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 that 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.

- B.** The following provision is added to Section I - Special Property Coverage Form:

APPLICATION OF OTHER EXCLUSIONS

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 which would otherwise be excluded under this Coverage Form or Policy, such as losses excluded by the Nuclear Hazard Exclusion or the War And Military Action Exclusion.

HOW DOES THE ACT AFFECT YOUR INSURANCE COVERAGE?

You have a policy of insurance issued by us which has no terrorism exclusion attached to it.

- § This policy will remain in effect as written for the remainder of the policy period shown in the Declarations of the policy.
- § The decision not to include a terrorism exclusion to your policy when it was issued or last renewed was based on a number of reasons, and the continuation or importance of these reasons may or may not have been altered by the passage of the Act.
- § In the time between now and the next renewal we will examine and refine our treatment of terrorism under your policy. This means that you may or may not have the same terms offered to you upon renewal and that the premium charged may or may not reflect alteration based upon the terrorism exposure.

WHAT IS THE TERRORISM RISK INSURANCE ACT ?

The following is a partial summary of the Terrorism Risk Insurance Act, as amended, (hereinafter referred to as the Act). Only the provisions of the Act determine the scope of the insurance protection available for the losses covered under the Act. The Act has been extended through December 31, 2014.

The Act provides coverage for property and casualty insurance for "insured losses" as a result of an "act of terrorism." As stated in the Act:

- A. "Insured loss" means any loss resulting from an "act of terrorism" (including an act of war, in the case of worker's compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if such loss:
 - 1. occurs within the United States; or
 - 2. occurs to an air carrier (as defined in section 40102 of title 49, United States Code), to a United States flag vessel (or a vessel based principally in the United States, on which US income tax is paid and whose insurance coverage is subject to regulation in the United States), regardless of where the loss occurs, or at the premises of any United States mission.
- B. "Act of terrorism" means any act that is certified by the Secretary of State, in concurrence with the Secretary of State and the Attorney General of the United States:
 - 1. To be an act of terrorism;
 - 2. To be a violent act or an act that is dangerous to:
 - a. human life;
 - b. property; or
 - c. infrastructure;
 - 3. to have resulted in damage within the United States, or outside of the United States in the case of:
 - a. an air carrier or vessel described in paragraph (5)(B) of Section 102 of the Act; or
 - b. the premises of a United States mission; and
 - 4. to have been committed by an individual or individuals, as part of an effort to coerce the civilian populations of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

- C. Section 102 (1)(B) of the Act states “no act shall be certified by the Secretary as an act of terrorism if:
1. the act is committed as part of the course of a war declared by the Congress, except that this clause shall not apply with respect to any coverage for workers' compensation; or
 2. property and casualty insurance losses resulting from the act, in the aggregate, do not exceed \$5,000,000.”
- D. The Act also contains a “program trigger” in Section 103(e)(1)(B), pursuant to which the federal government does not pay compensation for losses resulting from a certified act occurring after December 31, 2007, unless aggregate industry insured losses from such a certified act exceed a certain amount, or “trigger.” For insured losses occurring in 2008 and for all additional program years, the program trigger is \$100,000,000 of aggregate industry insured losses.
- E. The Act does not apply to: crop or livestock insurance; private mortgage insurance or title insurance; financial guaranty insurance issued by monoline financial guaranty insurance corporations; insurance for medical malpractice; health or life insurance; flood insurance provided under the National Flood Insurance Act of 1968; commercial automobile insurance; burglary and theft insurance; surety insurance; professional liability insurance (except Directors and Officers Liability); or farm owners multiple peril insurance.
- F. Under the Act for program years through December 31, 2014, the federal government will reimburse the insurance company for 85% of its insured losses in excess of a deductible, until aggregate “insured losses” in any Program Year exceed \$100 billion. Each insurer's deductible will be 20% of its direct earned premium for property and casualty insurance (as reported on Page 14 of the company's Annual Statement), over the immediately preceding calendar year.

For the purposes of determining such deductibles, direct earned premium means only the premiums earned on the commercial lines property and casualty insurance covered by the Act for U.S. risks or vessels, aircraft and foreign missions outside the U.S. covered by the Act.

Neither the insurance company (having met its statutorily mandated share as described above) nor the federal government will be liable for payment of any portion of “insured losses” under the Act that exceeds \$100 billion in the aggregate during any Program Year.

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Product Name: Businessowners Self Storage Program
Project Name/Number: 2008 TRIPRA Filing/BO AR0242501F01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 03/04/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: MP 5052-0 with revision marks **Review Status:** Approved 03/04/2008

Comments:

Attachment:

MP 5052-0 with revision marks.PDF

Satisfied -Name: Explanatory Memo **Review Status:** Approved 03/04/2008

Comments:

Attachment:

Explanatory Memo.PDF

Satisfied -Name: Terrorism Filing form **Review Status:** Approved 03/04/2008

Comments:

Attachment:

Terrorism Filing form.PDF

Satisfied -Name: AR - FORM FILING ABSTRACT F-
1 **Review Status:** Approved 03/04/2008

Comments:

Attachment:

AR - FORM FILING ABSTRACT F-1.PDF

SERFF Tracking Number: AMLX-125509068 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$50
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TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners Self Storage Program
Project Name/Number: 2008 TRIPRA Filing/BO AR0242501F01

Satisfied -Name: AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4/30/03)) **Review Status:** Approved 03/04/2008

Comments:

Attachment:

AR - CERTIFICATE OF COMPLIANCE - (AID PC SelfCert (4_30_03)).PDF

Satisfied -Name: AR - NAIC FORM FILING SCHEDULE **Review Status:** Approved 03/04/2008

Comments:

Attachment:

AR - NAIC FORM FILING SCHEDULE.PDF

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

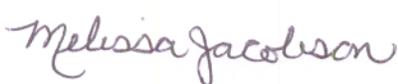
3. Group Name	Group NAIC #
Munich Re Group	0361

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Alternative Insurance Corporation	DE	19720	52-2048110	

5. Company Tracking Number	BO AR0242501F01
-----------------------------------	-----------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Melissa R. Jacobson 555 College Road East Princeton NJ 08543-5241	State Filing Analyst	800-305-4954 Ext. 4840	609-275-2147	mjacobson@munichream erica.com

7. Signature of authorized filer	
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8. Please print name of authorized filer	Melissa R. Jacobson
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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)	05.0002 Businessowners
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	N/A
12. Company Program Title (Marketing Title)	Self Storage 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 (give description)
14. Effective Date(s) Requested	New: 12/26/2007 Renewal: 12/26/2007
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	2/26/2008
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 #	BO AR0242501F01
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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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American Alternative Insurance Corporation (AAIC) is submitting for your review the enclosed terrorism form filing. This filing applies to our Self-Storage Businessowners Program currently on file with your Department.

The purpose of this filing is to comply with the Terrorism Risk Insurance Program Reauthorization Act (TRIPRA) of 2007.

Please refer to the enclosed explanatory memorandum for a full description of the form filing.

We propose that this filing apply to all policies effective on or after December 26, 2007, to comply with the Act.

Should you have any questions regarding this submission, please do not hesitate to ask.

Sincerely,

Melissa Jacobson
 State Filing Analyst
 mjacobson@munichreamerica.com
 609/243-4840

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]												
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Check #:</td> <td colspan="3"></td> </tr> <tr> <td>Amount:</td> <td colspan="3"></td> </tr> <tr> <td style="padding-top: 10px;">MJ-021508e</td> <td style="padding-top: 10px;">\$ 50.00</td> <td style="padding-top: 10px;">1700000219</td> <td style="padding-top: 10px;">02/25/2008</td> </tr> </table> <p style="margin-top: 20px;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>		Check #:				Amount:				MJ-021508e	\$ 50.00	1700000219	02/25/2008
Check #:													
Amount:													
MJ-021508e	\$ 50.00	1700000219	02/25/2008										

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following:

SELF STORAGE OWNERS BUSINESSOWNERS COVERAGE FORM

- A. The following provisions are added to the Self Storage Owners Businessowners Policy and apply to Property and Liability Coverages:

CAP ON CERTIFIED TERRORISM LOSSES

"Certified act of terrorism" means 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 pursuant to the federal Terrorism Risk Insurance Act ~~of 2002~~. The criteria contained in ~~the Terrorism Risk Insurance Act~~ that Act for a "certified act of terrorism" include the following:

1. The act resulted in ~~insured aggregate~~ losses in excess of \$5 million ~~in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act~~; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals ~~acting on behalf of any foreign person or foreign interest~~, 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.

~~With respect to any one or more "certified acts of terrorism" under the federal Terrorism Risk Insurance Act of 2002, we will not pay any amounts for which we are not responsible under the terms of that Act (including subsequent action of Congress pursuant to the Act) due to the application of any clause which results in a cap on our liability for payments for terrorism losses.~~

If the aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have not 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 that 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.

- B. The following provision is added to Section I - Special Property Coverage Form:

APPLICATION OF OTHER EXCLUSIONS

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 which would otherwise be excluded under this Coverage Form or Policy, such as losses excluded by the Nuclear Hazard Exclusion or the War And Military Action Exclusion.

Self Storage TRIPRA Forms Filing 2008

Proposed Forms

MP 5052-0 (01-08) replaces MP 5052-0 (10-03) – Cap on Losses From Certified Acts of Terrorism – endorsement has been updated with current Terrorism Risk Insurance Act requirements. (Filed in all jurisdictions)

TerrNotice09 (01/08) Policyholder Disclosure Notice of Terrorism Insurance Coverage – For use with MP 5052-0.

Forms to be Withdrawn

MP 6048-0 (09-04) – Exclusion of Terrorism

MP 6049-0 (08-06) – Conditional Exclusion of Terrorism (Relating To Disposition of Federal Terrorism Risk Insurance Act)

MP 6050-0 (09-04) – Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism

MP 6051-0 (08-06) – Conditional Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism (Relating To Disposition of Federal Terrorism Risk Insurance Act)

Policyholder Notices to be Withdrawn

Cond TerrNot 17 08/06 – For Use With: MP 6049-0 Conditional Exclusion of Terrorism

Cond TerrNot 18 08/06 – For Use With: MP 6051-0 Conditional Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) Arkansas

Indicate Type of Filing	Department Use only
<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	

Company Name(s)	Domicile	NAIC #	FEIN #
American Alternative Insurance Corporation	DE	0361-19720	52-2048110

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Melissa Jacobson 555 College Road East Princeton, NJ 08543-5241	609-243-4840	609-275-2147	mjacobson@munichreamerica.com

Filing information

Line of Insurance (see attachment)	5.0002 Businessowners
Company Program Title (Marketing title) (if applicable)	Self Storage Program
Filing Type ** see note below	Form
This application is used with:	
Effective Date Requested	12/26/2007
Filing date	02/26/2008
Company Tracking Number	BO AR0242501F01
Date filing approved in domiciliary state, if applicable	Pending

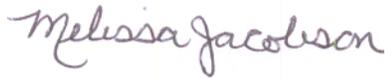
	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Cap on Losses From Certified Acts of Terrorism	MP 5052-0 (01-08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	MP 5052-0 (10-03) Cap on Losses From Certified Acts of Terrorism	
02	Exclusion of Terrorism	MP 6048-0 (09-04)	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03	Conditional Exclusion of Terrorism (Relating To Disposition of Federal Terrorism Risk Insurance Act)	MP 6049-0 (08-06)	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04	Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism	MP 6050-0 (09-04)	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05	Conditional Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism	MP 6051-0 (08-06)	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06	Policyholder Disclosure Notice of Terrorism	TerrNotice09 (01/08)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
07			<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 listing each insurer or rating 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

Melissa Jacobson

Print Name

State Filing Analyst

Title

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 02/26/2008

2. Company Name(s) American Alternative Insurance Corporation

Group Name Munich Re Group NAIC No. 19720 Group No. 0361

3. (a) Annual Statement Line of Business Number (Page 14) 0

(b) Class of Business Businessowners

© Coverages Affected Terrorism

4. (a) Name of Advisory Organization, if any ISO

(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?
Pending

8. Is the form filed in response to or due to legislation? If so, specify legislation.
Yes, TRIPRA

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.

Melissa Jacobson

Signature

Melissa R. Jacobson

Title

800-305-4954

Telephone Number

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
MP 5052-0 (10-03)	12/26/2007 12/26/2007	MP 5052-0 (01-08) TerrNotice09 (01/08)	Cap On Losses From Certified Acts Of Terrorism Policyholder Disclosure Notice of Terrorism Insurance Coverage

ARKANSAS CERTIFICATE OF COMPLIANCE
(You may print or type the information required by this form)



I, Stephen J. Corbett, Vice President of
(Name) (Title of Authorized Officer)

American Alternative Insurance Corporation
(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 • BO AR0242501F01	
Signature of Authorized Officer •	
Name of Authorized Officer •	Stephen J. Corbett
Title of Authorized Officer •	Vice President
Email address of Authorized Officer •	scorbett@munichreamerica.com
Telephone # of Authorized Officer •	609-243-5620 Ext: 5620
Date •	02/26/2008

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

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 #	BO AR0242501F01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A
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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	Cap On Losses From Certified Acts Of Terrorism	MP 5052-0 (01-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	MP 5052-0	
02	Policyholder Disclosure Notice of Terrorism Insurance Coverage	TerrNotice09 (01/08)	<input checked="" 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		