

SERFF Tracking Number: ARKS-125569947 State: Arkansas
Filing Company: 14265 - INDIANA LUMBERMENS MUTUAL INS CO State Tracking Number: #90040078 \$50
Company Tracking Number: 4505
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess
Product Name: n/a
Project Name/Number: /

Filing at a Glance

Company: 14265 - INDIANA LUMBERMENS MUTUAL INS CO

Product Name: n/a SERFF Tr Num: ARKS-125569947 State: Arkansas
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #90040078 \$50
Made/Occurrence
Sub-TOI: 17.0020 Commercial Umbrella & Excess Co Tr Num: 4505 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: Disposition Date: 03/27/2008
Date Submitted: 03/21/2008 Disposition Status: Accepted For Informational Purposes
Effective Date Requested (New): Effective Date (New):
Effective Date Requested (Renewal): Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 03/27/2008
State Status Changed: 03/27/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Company and Contact

Filing Contact Information

SERFF Tracking Number: ARKS-125569947 State: Arkansas
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INS CO
Company Tracking Number: 4505
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Product Name: n/a
Project Name/Number: /

NA NA, NA@NA.com
NA (123) 555-4567 [Phone]
NA, AR 00000

Filing Company Information

14265 - INDIANA LUMBERMENS MUTUAL CoCode: 14265 State of Domicile: Arkansas
INS CO
No Address Group Code: Company Type:
City, AR 99999 Group Name: State ID Number:
(999) 999-9999 ext. [Phone] FEIN Number: 99-9999999

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

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Product Name: n/a
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Edith Roberts Informational Purposes		03/27/2008	03/27/2008

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Product Name: n/a
Project Name/Number: /

Disposition

Disposition Date: 03/27/2008

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	ARKS-125569947		Yes

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Rate Information

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Product Name: n/a
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: ARKS-125569947

03/28/2008

Comments:

Attachment:

ARKS-125569947.pdf



Indiana Lumbermens Mutual Insurance Company • ILM
National Building Material Assurance Company • NBMA
Lone Star National Insurance Company • LSN

ER

March 3, 2008

90040078
50.00

ARKS-125569947

Honorable Mike Pickens
1200 West Third Street
Little Rock, AR 72201-1904

Approved until withdrawn
or revoked.

Mar 21 2008

RE: Indiana Lumbermens Mutual Insurance Company
NAIC Number: 14265: Filing Number: 4505
Informational Filing for Adopting of TRIPA Revisions.

Arkansas Insurance Department
By: ER

Accepted for informational purposes

ILM wishes to notify the Department of our compliance with the Terrorism Re-Authorization Insurance Program Act of 2007. An expedited filing is being submitted to provide the Department with documentation of the adoption or revised terrorism forms and disclosures as mandated by the federal program. The following forms are intended to replace all previous versions of terrorism forms.

- ILM is a member of the Insurance Services Office for Commercial Umbrella business. Therefore we will be using ISO forms CU 21 30 01 08 and CU 21 33 01 08. These filings have been submitted by ISO under Circular LI-CU-2007-134.
- ILM is also submitting a copy of our Certified Terrorism Disclosure Notices. We are using the NAIC model disclosures under independent form numbers 1602 01 08 and 1603 01 08 for tracking purposes. A copy of these forms have been included for your review.

In compliance with the TRIPA Act, these changes will affect in force, new and renewal policies as of December 27, 2007.

Enclosed, a postage paid return envelope has been provided to facilitate your response. If you have any questions regarding this filing, please contact me as directed below.

Respectfully submitted,

Zyvonne Adams, AIRC
Regulatory Compliance Manger
Indiana Lumbermens Mutual Insurance Company
zadams@ilmgroup.com
Ph.: 317-875-3709
Fax: 317-875-317-3601

RECEIVED

MAR 21 2008

PROPERTY AND CASUALTY DIVISION
ARKANSAS INSURANCE DEPARTMENT

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

This page applies to Arkansas

Indicate Type of Filing
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Bureau Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Indiana Lumbermens Mutual Insurance Company	Indiana	14265	35-0410420

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Zyvonne Adams (Form Filing) 3600 Woodview Trace Indianapolis, IN 46268	3178753709	3178753601	zadams@ilmgroup.com

Filing information

Line of Insurance (see attachment)	Commercial Umbrella
Company Program Title (Marketing title) (if applicable)	Commercial Umbrella Program
Filing Type ** see note below	Informational Forms
This application is used with:	CU 00 01
Effective Date Requested	3-1-2008
Filing date	3/12/08
Company Tracking Number	4505
Date filing approved in domiciliary state, if applicable	Not yet acknowledged. Filed on same date as this filing

	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	TRIA Program Disclosure Notice	16020108	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	16020203	
02	TRIA Program Disclosure Notice	16030108	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	16030203	
03	TRIA Coverage for Certified Loss	CU 21 30 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	CU 21 30 11 12	
04	TRIA Exclusion of Certified Loss	CU 21 33 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	CU 21 33 12 02	

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.**

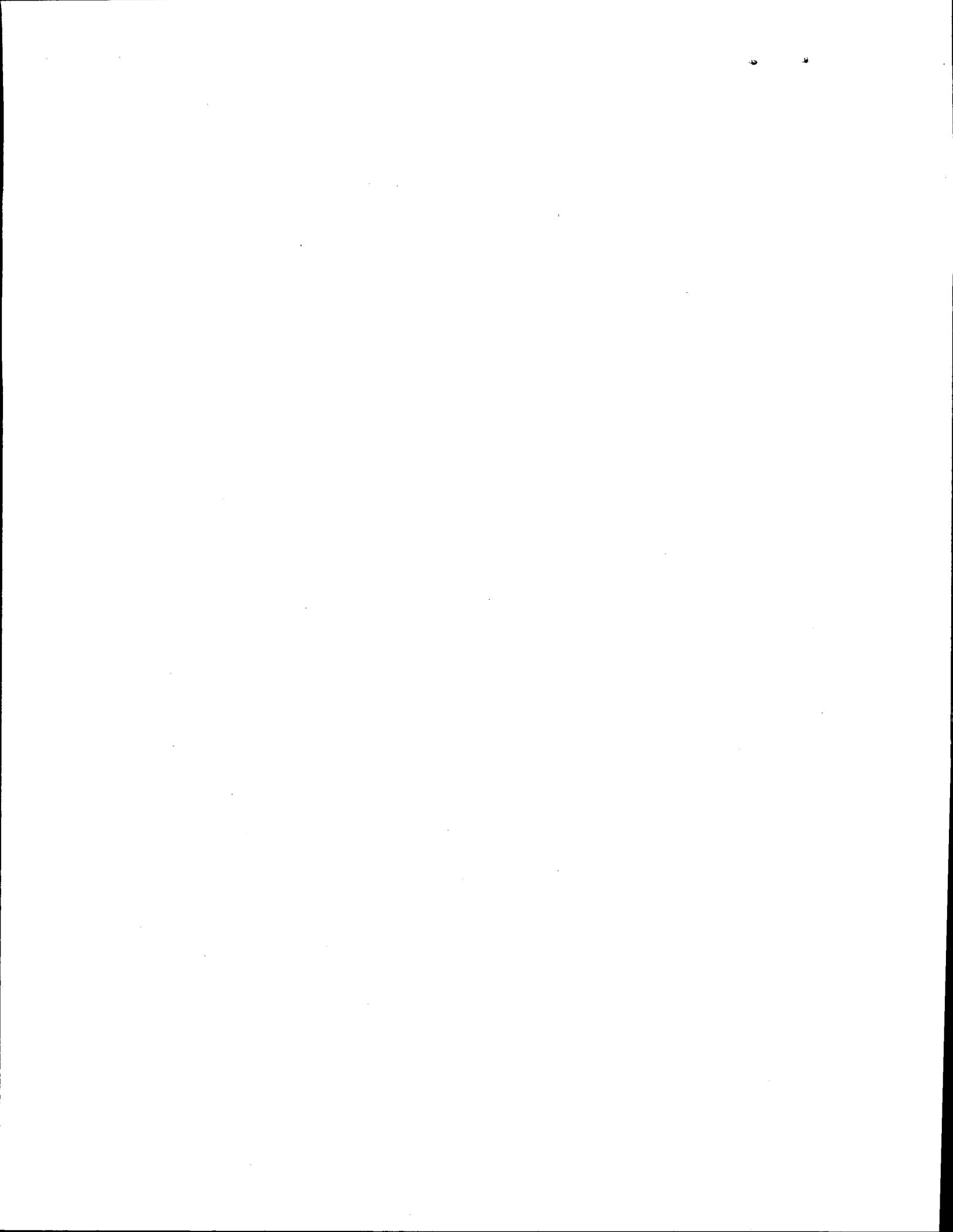
The insurer(s) submitting this filing certifies that it:

- 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

Zyvonne Adams
Print Name:

Regulatory Compliance Manager
Title:



POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act; the term "act of terrorism" means any act that is certified by the Secretary of the Treasury - in concurrence with the Secretary of State, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$ _____ and does not include charges for any portion of losses covered by the United States government under the Act.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT, MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE MY COVERAGE AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

Policyholder/Applicant's Signature

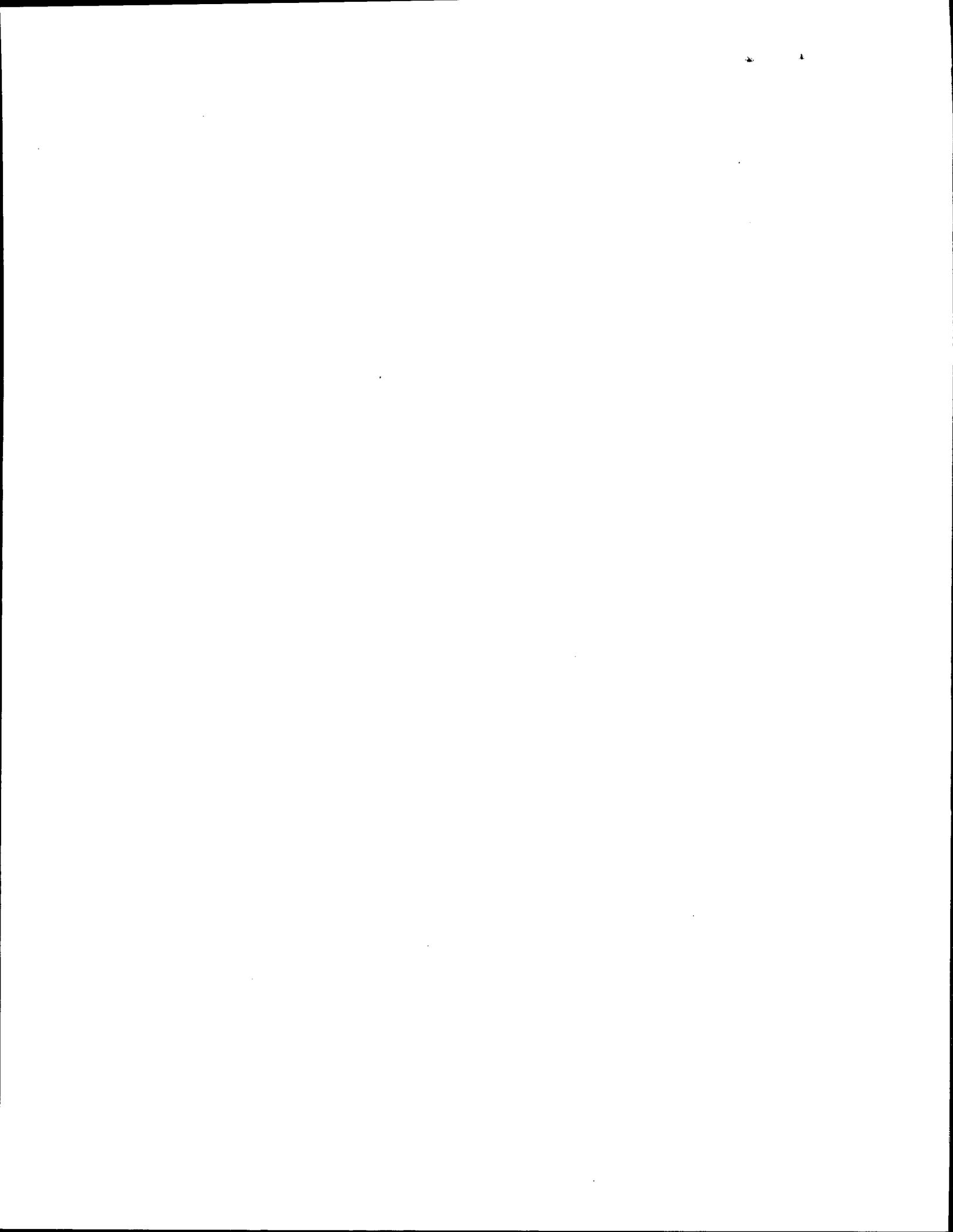
Print Name

Date

Name of Insurer:

Policy Number:

16030108



POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury - in concurrence with the Secretary of State, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDEUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

	I hereby elect to purchase terrorism for a prospective 2% of overall policy premium.
	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant's Signature

Insurance Company

Print Name

Policy Number

Date

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