

SERFF Tracking Number: AXSS-125564027 State: Arkansas  
First Filing Company: AXIS Reinsurance Company, ... State Tracking Number: # \$0  
Company Tracking Number: AXIS-OL-AR-156-2008  
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Commercial General Liability and Commercial Umbrella Programs  
Project Name/Number: Terrorism Disclosure Notices/AXIS-OL-AR-156-2008

## Filing at a Glance

Companies: AXIS Reinsurance Company, AXIS Insurance Company

Product Name: Commercial General Liability and Commercial Umbrella Programs SERFF Tr Num: AXSS-125564027 State: Arkansas

TOI: 01.0 Property SERFF Status: Closed State Tr Num: # \$0  
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) Co Tr Num: AXIS-OL-AR-156-2008 State Status: Fees verified and received  
Filing Type: Form Co Status: Submitted Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding  
Author: Roseanna Kreis Disposition Date: 03/25/2008  
Date Submitted: 03/20/2008 Disposition Status: Accepted For Informational Purposes  
Effective Date Requested (New): On Approval Effective Date (New): 03/25/2008  
Effective Date Requested (Renewal): On Approval Effective Date (Renewal): 03/25/2008

State Filing Description:

## General Information

Project Name: Terrorism Disclosure Notices  
Project Number: AXIS-OL-AR-156-2008

Status of Filing in Domicile: Not Filed  
Domicile Status Comments: Multistate filing with simultaneous submission in all states – Not approved in state of domicile at this time.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/25/2008

Deemer Date:

State Status Changed: 03/25/2008

Corresponding Filing Tracking Number:

Filing Description:

With this filing, AXIS Reinsurance Company introduces Terrorism Policyholder Disclosure Notices for use with the Commercial General Liability and Commercial Umbrella lines of business in accordance with the Terrorism Risk

<i>SERFF Tracking Number:</i>	<i>AXSS-125564027</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>AXIS Reinsurance Company, ...</i>	<i>State Tracking Number:</i>	<i># \$0</i>
<i>Company Tracking Number:</i>	<i>AXIS-OL-AR-156-2008</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Commercial General Liability and Commercial Umbrella Programs</i>		
<i>Project Name/Number:</i>	<i>Terrorism Disclosure Notices/AXIS-OL-AR-156-2008</i>		

Insurance Program Reauthorization Act of 2007.

Three Disclosure Notices will be used by the company as follows:

OFR DISCL - Policyholder Disclosure Notice (Offer):

This disclosure notice will be issued with quotations/offers offering Terrorism coverage on a going-forward basis.

PURCH DISCL – Policyholder Disclosure Notice (Purchase):

This disclosure notice will be issued with binders and/or upon policy issuance showing that coverage for Terrorism was purchased.

NOTPURCHDISCL - POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE – NOT PURCHASED:

This disclosure notice will be included with binders issued by the company when an insured has declined the company's offer of Terrorism Coverage and such coverage has therefore not been purchased by an insured.

## Company and Contact

### Filing Contact Information

Roseanna Kreis, Regulatory Analyst	Roseanna.Kreis@axiscapital.com
11680 Great Oaks Way	(678) 746-9000 [Phone]
Alpharetta, GA 30022	

### Filing Company Information

AXIS Reinsurance Company	CoCode: 20370	State of Domicile: New York
11680 Great Oaks Way	Group Code: 3416	Company Type: Property & Casualty

Ste. 500

Alpharetta, GA 30022  
(678) 746-9000 ext. [Phone]

Group Name: AXIS Specilaty  
FEIN Number: 51-0434766

State ID Number:

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AXIS Insurance Company  
11680 Great Oaks Way

CoCode: 37273  
Group Code: 3416

State of Domicile: Illinois  
Company Type: Property &

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Casualty

Ste. 500

Alpharetta, GA 30022  
(678) 746-9000 ext. [Phone]

Group Name: AXIS Specialty  
FEIN Number: 39-1338397  
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State ID Number:

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AXIS Reinsurance Company	\$0.00	03/20/2008	
AXIS Insurance Company	\$0.00	03/20/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
3152	\$100.00	03/18/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Llyweyia Rawlins Informational Purposes		03/25/2008	03/25/2008

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## Disposition

Disposition Date: 03/25/2008  
Effective Date (New): 03/25/2008  
Effective Date (Renewal): 03/25/2008  
Status: Accepted For Informational Purposes  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
Supporting Document	2008 CGL & CU TRIA Filing Expl Memo	Accepted for Informational Purposes	Yes
Form	NOTPURCHDISCL - Policyholder Disclosure Notice - Terrorism Coverage Not Purchased	Accepted for Informational Purposes	Yes
Form	OFR DISCL - Policyholder Disclosure Notice (Offer)	Accepted for Informational Purposes	Yes
Form	PURCH DISCL - Policyholder Disclosure Notice (Purchase)	Accepted for Informational Purposes	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Accepted for Information Purposes-	NOTPURCHDIS CL - Policyholder Disclosure Notice al Purposes- Terrorism Coverage Not Purchased			Disclosure/ New Notice		0.00	NOTPURCH DISCL - Policyholder Disclosure Notice - Terrorism Coverage Not Purchased.pdf
Accepted for Information Purposes(Offer)	OFR DISCL - Policyholder Disclosure Notice al Purposes(Offer)			Disclosure/ New Notice		0.00	OFR DISCL - Policyholder Disclosure Notice (Offer).pdf
Accepted for Information Purposes(Purchase)	PURCH DISCL - Policyholder Disclosure Notice al Purposes(Purchase)			Disclosure/ New Notice		0.00	PURCH DISCL - Policyholder Disclosure Notice (Purchase).pdf

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE – NOT PURCHASED**

This Notice is issued in accordance with the terms and conditions of the Terrorism Risk Insurance Act, as amended (the "Act").

You are hereby notified that coverage for "insured losses" directly resulting from an "act of terrorism" as defined in the Act, as explained in the Policyholder Disclosure notice, (1) was made available to you; and (2) you declined or failed to confirm the purchase of such coverage. Therefore, this insurance does not provide coverage for losses directly resulting from any "act of terrorism" as defined by the Act except to the extent, if any, otherwise provided by this Policy.

**NOTICE TO BROKER  
MANDATORY POLICYHOLDER DISCLOSURE  
RE: TERRORISM INSURANCE COVERAGE**

We are required by the Terrorism Risk Insurance Act, as amended ( the "Act"), to provide policyholders with certain clear and conspicuous disclosures. This notice must be provided at the time of offer, purchase and renewal of the policy.

We have provided you with a notice that meets the Act's requirements. You are instructed to deliver a copy of this notice to our insured.

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended (the "Act"), that you have a right to purchase insurance coverage 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.

If, as a part of your policy, you also elect to purchase this terrorism coverage from us, you will be charged an additional premium of \$[insert premium amount].

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 ABOVE 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 REDUCED.

**NOTICE TO BROKER**

**MANDATORY POLICYHOLDER DISCLOSURE  
RE: TERRORISM INSURANCE COVERAGE**

We are required by the Terrorism Risk Insurance Act, as amended ("the "Act") to provide policyholders with certain clear and conspicuous disclosures. This notice must be provided at the time of offer, purchase and renewal of the policy.

We have provided you with a notice that meets the Act's requirements. You are instructed to deliver a copy of this notice to our prospective insured.

**OFR DISCL**

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that an “act of terrorism”, as defined in Section 102(1) of the Terrorism Risk Insurance Act, as amended (the “Act”), 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. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by 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 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 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 any charges for the portion of losses covered by the United States government under the Act.

**NOTICE TO BROKER**

**MANDATORY POLICYHOLDER DISCLOSURE  
RE: TERRORISM INSURANCE COVERAGE**

We are required by the Terrorism Risk Insurance Act, as amended (the "Act"), to provide policyholders with clear and conspicuous disclosures. This notice must be provided at the time of offer, purchase and renewal of the policy.

We have provided you with a notice that meets the Act's requirements. You are instructed to deliver a copy of this notice to our insured.

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Accepted for Informational Purposes 03/25/2008

**Comments:**

**Attachment:**

Expedited Filing Transmittal.pdf

**Satisfied -Name:** 2008 CGL & CU TRIA Filing Expl Memo  
**Review Status:** Accepted for Informational Purposes 03/25/2008

**Comments:**

**Attachment:**

2008 AIC & ARC CGL & CU TRIA Filing Expl Memo.pdf

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

**This page applies to the following state(s)   All**

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

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
AXIS Insurance Company	IL	3416-37273	39-13338397
AXIS Reinsurance Company	NY	3416-20370	51-0434766

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Roseanna Kreis 11680 Great Oaks Way Suite 500 Alpharetta GA 30022	678-746-9402	678-746-9317	Roseanna.kreis@axiscapital.com

**Filing information**

<b>Line of Insurance</b> (see attachment)	17.000 Other Liability
<b>Company Program Title</b> (Marketing title) (if applicable)	Commercial General Liability and Commercial Umbrella Programs
<b>Filing Type ** see note below</b>	Terrorism Disclosure Notices
<b>This application is used with:</b>	Commercial General Liability and Commercial Umbrella Coverage Forms
<b>Effective Date Requested</b>	Upon Approval
<b>Filing date</b>	03/21/08
<b>Company Tracking Number</b>	AXIS-OL-AR-156-2008
<b>Date filing approved in domiciliary state, if applicable</b>	Multistate filing with simultaneous submission in all states – Not approved in state of domicile at this time.

	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01	Policyholder Disclosure Notice (Purchase)	NOT PURCH DISCL	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Policyholder Disclosure Notice (Re-OFFER)	PURCH DISCL	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03	Policyholder Disclosure Notice (Offer)	OFR DISCL	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" 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.

  A. Kreis    
Signature

  Roseanna Kreis    
Print Name:

  Regulatory Filing Analyst    
Title:



**AXIS INSURANCE COMPANY**  
**And**  
**AXIS REINSURANCE COMPANY**

**EXPLANATORY MEMORANDUM**

**INTRODUCTION OF TERRORISM DISCLOSURE NOTICES**

With this filing, AXIS Insurance Company and AXIS Reinsurance Company introduce Terrorism Policyholder Disclosure Notices for use with the Commercial General Liability and Commercial Umbrella lines of business in accordance with the Terrorism Risk Insurance Program Reauthorization Act of 2007.

Three Disclosure Notices will be used by the company as follows:

**OFR DISCL - Policyholder Disclosure Notice (Offer):**

This disclosure notice will be issued with quotations/offers offering Terrorism coverage on a going-forward basis.

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