

SERFF Tracking Number: CAPC-125541141 State: Arkansas
Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50
Company Tracking Number: 08-INTER-FO-MU-027
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Terrorism Reauthorization Act of 2007 Revision
Project Name/Number: Terrorism Reauthorization Act of 2007 Revision/08-INTER-FO-MU-027

Filing at a Glance

Company: Capitol Indemnity Corporation

Product Name: Terrorism Reauthorization Act of 2007 Revision SERFF Tr Num: CAPC-125541141 State: Arkansas

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: 08-INTER-FO-MU-027 State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Mary Ann Delehanty

Disposition Date: 03/19/2008

Date Submitted: 03/13/2008

Disposition Status: Approved

Effective Date Requested (New): 03/29/2008

Effective Date (New): 03/29/2008

Effective Date Requested (Renewal): 03/29/2008

Effective Date (Renewal):
03/29/2008

State Filing Description:

General Information

Project Name: Terrorism Reauthorization Act of 2007 Revision

Status of Filing in Domicile: Authorized

Project Number: 08-INTER-FO-MU-027

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/19/2008

Deemer Date:

State Status Changed: 03/19/2008

Corresponding Filing Tracking Number:

Filing Description:

We submit for your review and approval the final printed copy of our Notice – Offer of Terrorism Coverage Notice – Disclosure of Premium CGE 064 (02-08) which is replacing our filed and approved CGE 064 (01-08) Notice – Offer of Terrorism Coverage Notice – Disclosure of Premium.

After further review, we have removed references to the terms “domestic” and “foreign” from this notice to eliminate

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confusion regarding the revised Act.

Thank you for your time and consideration.

Company and Contact

Filing Contact Information

Mary Ann Delehanty, Product Analyst madelehanty@capitolindemnity.com
 PO Box 5900 (608) 829-4241 [Phone]
 Madison, WI 53705 (608) 829-7402[FAX]

Filing Company Information

Capitol Indemnity Corporation CoCode: 10472 State of Domicile: Wisconsin
 PO Box 5900 Group Code: 501 Company Type:
 Madison, WI 53705 Group Name: State ID Number:
 (608) 829-4200 ext. [Phone] FEIN Number: 39-0971527

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 PER FILING
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Capitol Indemnity Corporation	\$50.00	03/13/2008	18596926

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Correspondence Summary

Dispositions

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

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Disposition

Disposition Date: 03/19/2008

Effective Date (New): 03/29/2008

Effective Date (Renewal): 03/29/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Expedited Filing Transmittal Document	Approved	Yes
Form	Notice Offer of Terrorism Coverage	Approved	Yes
	Notice Disclosure of Premium		

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Notice Offer of Terrorism Coverage Notice Disclosure of Premium	CGE 064 (02-08)	02-08	Disclosure/ Replaced Notice	Replaced Form #:31.10 CGE 064 (01-08) Previous Filing #:		CGE064 _02-08_ Terrorism Notice new-renewal.pdf

**NOTICE - OFFER OF TERRORISM COVERAGE
NOTICE - DISCLOSURE OF PREMIUM**

Named Insured: _____

Attached to Policy Number: _____

POLICY PERIOD _____

The Terrorism Risk Insurance Act of 2002 established a program within the Department of the Treasury, under which the federal government shares with the insurance industry the risk of loss from future terrorist attacks. In December 2007, the Terrorism Risk Insurance Program Reauthorization Act of 2007 (the "Reauthorization Act") extended this program through December 31, 2014. Under the "Reauthorization Act":

- An act of terrorism must cause losses of at least \$100 million;
- Must be a "certified act of terrorism" as recognized by the U. S. Treasury Department
- A cap limits the U. S. Government reimbursement as well as insurers' liability for losses resulting from a "certified act of terrorism" when the amount of such losses in any one calendar year (January 1 through December 31) exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

In accordance with the "Reauthorization Act" of 2007, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism. The policy's other provisions will still apply to such an act. Your decision is needed on this question: do you choose to pay the premium for terrorism coverage stated in this offer of coverage, or do you reject the offer of coverage and decline to pay the premium? You may accept or reject this offer.

See the section of this Notice titled **DISCLOSURE OF PREMIUM**. If you choose to accept this offer of coverage your total policy premium will include the additional premium for terrorism as stated in such **DISCLOSURE**.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

Terrorism coverage provided by this policy for losses resulting from "certified acts of terrorism" may be partially reimbursed by the U. S. Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, (for example, nuclear or war exclusions. Under the formula, the U. S Government's share equals 85% of the insured losses that exceed the applicable insurer retention.

DISCLOSURE OF PREMIUM

If you accept this offer, no signature is needed. The prospective premium for terrorism coverage is \$ _____.

You may choose to reject the offer by signing the enclosed statement and returning it to us by the premium due date, and your policy will be endorsed to exclude the described coverage.

ENCLOSURE - REJECTION STATEMENT

I hereby reject the offer of terrorism coverage. I understand that an **exclusion** of certain terrorism losses will be made part of this policy.

Signature (Named Insured)

Dated

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:
Bypassed -Name: Uniform Transmittal Document-
Property & Casualty **Approved** 03/19/2008
Bypass Reason: Non Applicable - See Expedited Transmittal
Comments:

Review Status:
Satisfied -Name: Expedited Filing Transmittal
Document **Approved** 03/19/2008
Comments:
Attachment:
Expedited Terrorism Form INT.pdf

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

This page applies to the following state(s) _____

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 #
CAPITOL INDEMNITY CORPORATION	WI	10472	39-0971527

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Mary Ann Delehanty P O BOX 5900 MADISON WI 53705-0900	608-829-4241	608-829-7402	madelehanty@capitc

Filing information

Line of Insurance (see attachment)	INTERLINE
Company Program Title (Marketing title) (if applicable)	
Filing Type ** see note below	
This application is used with:	
Effective Date Requested	03/29/2008
Filing date	03/13/2008
Company Tracking Number	08-INTER-FO-MU-027
Date filing approved in domiciliary state, if applicable	03/14/2008

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn? REPLACEMENT	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	NOTICE OFFER OF TERRC	CGE 064 (02-08)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	CGE 064 (01-08)	
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

Mary Ann Delehanty
Print Name:

Product Analyst
Title: