

SERFF Tracking Number: EVST-125474926 State: Arkansas
Filing Company: Everest National Insurance Company State Tracking Number: #35890 \$100
Company Tracking Number: AR-WC-20019855
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Policyholder Disclosure Notice of Terrorism
Project Name/Number: Terrorism Policyholder Notice/

Filing at a Glance

Company: Everest National Insurance Company

Product Name: Policyholder Disclosure Notice of Terrorism SERFF Tr Num: EVST-125474926 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: #35890 \$100

Sub-TOI: 16.0004 Standard WC

Co Tr Num: AR-WC-20019855

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Debbie Pellicane

Disposition Date: 03/17/2008

Date Submitted: 02/29/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Terrorism Policyholder Notice

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization: NCCI

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/17/2008

State Status Changed: 03/17/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Filing the WC Policyholder Disclosure Notice of Terrorism Insurance Coverage - Policyholder Notice #4 and Terrorism Risk Insurance Program Reauthorization Act Endorsement (WC 00 01 13 A) and Domestic Terrorism Earthquake and Catastrophic Industrial Accidents Premium Endorsement (WC 00 04 21 B), effective 1/1/08.

Company and Contact

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Filing Contact Information

Deborah Pellicane, Manager, Filing and Regulation debbie.pellicane@everestre.com
 P.O. Box 830 (908) 604-3454 [Phone]
 Liberty Corner, NJ 07938-0830 (908) 604-3546[FAX]

Filing Company Information

Everest National Insurance Company CoCode: 10120 State of Domicile: Delaware
 477 Martinsville Road Group Code: 1120 Company Type:
 P.O. Box 830
 Liberty Corner, NJ 07938-0830 Group Name: Everest Re Group, State ID Number:
 Ltd.
 (908) 604-3000 ext. [Phone] FEIN Number: 22-2660372

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: \$50.00 + \$50.00 (retaliatory) = \$100.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Everest National Insurance Company	\$0.00	02/29/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
035890	\$100.00	11/14/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/17/2008	03/17/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	03/03/2008	03/03/2008	Debbie Pellicane	03/10/2008	03/10/2008
Industry Response						

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Note to Reviewer	Note To Filer	Carol Stiffler	03/04/2008	03/04/2008
Terrorism	Note To Reviewer	Debbie Pellicane	03/03/2008	03/03/2008

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Disposition

Disposition Date: 03/17/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

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
Form	Policyholder Disclosure Notice of Terrorism Insurance Coverage	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 03/03/2008

Submitted Date 03/03/2008

Respond By Date

Dear Deborah Pellicane,

This will acknowledge receipt of the captioned filing.

This filing states that you are adopting NCCI's Terrorism Risk Insurance Program Reauthorization Act Endorsement but it doesn't state the Item Filing number that you are adopting.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 03/10/2008

Submitted Date 03/10/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: Carol,

We are adopting NCCI's Item P-1405, Terrorism Risk Insurance Program Reauthorization Act of 2007 Endorsements and the corresponding rule, Item B-1405.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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No Rate/Rule Schedule items changed.

Sincerely,
Debbie Pellicane

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Note To Filer

Created By:

Carol Stiffler on 03/04/2008 11:32 AM

Subject:

Note to Reviewer

Comments:

Please answer an objection letter with a response to an objection letter instead of a Note to Reviewer. On our side, a Note to Reviewer never shows up in the Open Filing view or Workfolder. It shows "Pending Industry Response" and looks like you haven't done anything.

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Note To Reviewer

Created By:

Debbie Pellicane on 03/03/2008 01:48 PM

Subject:

Terrorism

Comments:

Carol,

We are adopting NCCI's Item B-1405 and Item P-1405.

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policyholder Disclosure Notice of Terrorism Insurance Coverage	Policyholder Notice #4		Disclosure/ New Notice		0.00	WC Disclosure 4.pdf

**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 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.

Name of Insurer: _____

Policy Number: _____

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 03/17/2008

Comments:

Attached

Attachment:

AR777.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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">New Business</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> </table>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Everest National Insurance Company	DE	10120	2660372	

5. Company Tracking Number	AR-WC-20019855
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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
	Deborah A. Pellicane 477 Martinsville Rd. Liberty Corner, NJ 07926	Manager	908-604-3454	908-604-3526	debbie.pellicane@everestre.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Deborah A. Pellicane

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

9. Type of Insurance (TOI)	WC
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
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: 01/01/2008 Renewal: 01/01/2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ncci
17. Reference Organization # & Title	

18. Company's Date of Filing	AR-WC-20019855
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 #	
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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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We are filing to adopt NCCI's Terrorism Risk Insurance Program Reauthorization Act Endorsement - WC 00 01 13 A , Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents Premium Endorsement (WC 00 04 21 A) and Policyholder Disclosure Notice of Terrorism Insurance.

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]
<p>Check #: 036071 Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>

Effective March 1, 2007

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