

SERFF Tracking Number: FARL-125559348 State: Arkansas
First Filing Company: Farmland Mutual Insurance Company, ... State Tracking Number: EFT \$20
Company Tracking Number: A-2008DAVW-7CTRT8
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Property
Project Name/Number: Terrorism Risk Insurance Program Reauthorization Act of 2007/A-2008DAVW-7CTRT8

Filing at a Glance

Companies: Farmland Mutual Insurance Company, Nationwide Agribusiness Insurance Company
Product Name: Commercial Property SERFF Tr Num: FARL-125559348 State: Arkansas
TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: EFT \$20
Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: A-2008DAVW-7CTRT8 State Status: Fees verified and received
Filing Type: Form Co Status: Submitted Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Deb Weerd Disposition Date: 03/24/2008
Date Submitted: 03/19/2008 Disposition Status: Approved
Effective Date Requested (New): 04/01/2008 Effective Date (New): 04/01/2008
Effective Date Requested (Renewal): 04/01/2008 Effective Date (Renewal): 04/01/2008

State Filing Description:

General Information

Project Name: Terrorism Risk Insurance Program Reauthorization Act of 2007 Status of Filing in Domicile: Authorized
Project Number: A-2008DAVW-7CTRT8 Domicile Status Comments:
Reference Organization: n/a Reference Number: n/a
Reference Title: n/a Advisory Org. Circular: n/a
Filing Status Changed: 03/24/2008
State Status Changed: 03/24/2008 Deemer Date:
Corresponding Filing Tracking Number: A-2008DAVW-7CTRT8
Filing Description:
EXPEDITED FILING

With this forms filing, we are revising certain terrorism endorsements for our Property Lines in response to the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2007, as follows effective April 1, 2008:

<i>SERFF Tracking Number:</i>	<i>FARL-125559348</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Farmland Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
<i>Company Tracking Number:</i>	<i>A-2008DAVW-7CTRT8</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Commercial Property</i>		
<i>Project Name/Number:</i>	<i>Terrorism Risk Insurance Program Reauthorization Act of 2007/A-2008DAVW-7CTRT8</i>		

Withdrawn Forms:

We are withdrawing the following forms:

IMCB336 0103 – LIMITED EXCLUSION OF ACTS OF TERRORISM (OTHER THAN CERTIFIED ACTS OF TERRORISM); CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM - Based on ISO Endorsement IL0959.

IMCB339 0103 – EXCLUSION OF CERTIFIED ACTS AND OTHER ACTS OF TERRORISM – Based on ISO Endorsement IL0961.

Company and Contact

Filing Contact Information

Deb Vande Weerd, State Filing Analyst	dvandewe@nationwide.com
1100 Locust Street	(515) 508-3447 [Phone]
Des Moines, IA 50391-3030	(515) 508-3694[FAX]

Filing Company Information

Farmland Mutual Insurance Company	CoCode: 13838	State of Domicile: Iowa
1100 Locust Street	Group Code: 140	Company Type: Mutual
Dept 3030		
Des Moines, IA 50391-3030	Group Name:	State ID Number:
(515) 508-3618 ext. [Phone]	FEIN Number: 42-0618271	

Nationwide Agribusiness Insurance Company	CoCode: 28223	State of Domicile: Iowa
1100 Locust Street	Group Code: 140	Company Type: Stock
Dept 3030		
Des Moines, IA 50391-3030	Group Name:	State ID Number:
(515) 508-3618 ext. [Phone]	FEIN Number: 42-1015537	

Filing Fees

Fee Required?	Yes
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Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: 1 x \$20.00 = \$20.00
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmland Mutual Insurance Company	\$20.00	03/19/2008	18801131
Nationwide Agribusiness Insurance Company	\$0.00	03/19/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/24/2008	03/24/2008

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Disposition

Disposition Date: 03/24/2008
Effective Date (New): 04/01/2008
Effective Date (Renewal): 04/01/2008
Status: Approved
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	Approved	Yes
Supporting Document	F215-Expedited Filing Form	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Form	Notice-Offer of Terrorism Coverage; Notice-Disclosure of Premium	Approved	Yes
Form	Notice-Offer of Terrorism Coverage; Notice-Disclosure of Premium	Approved	Yes
Form	Notice-Offer of Terrorism Coverage; Notice-Disclosure of Premium	Approved	Yes
Form	Disclosure Pursuant to Terrorism Risk Insurance Act	Approved	Yes
Form	Notice-Offer of Terrorism Coverage; Notice-Disclosure of Premium	Approved	Yes
Form	Cap on Losses From Certified Acts of Terrorism	Approved	Yes
Form	Exclusion of Certified Acts of Terrorism	Approved	Yes
Form	Limited Exclusion of Acts of Terrorism (other than Certified Acts of Terrorism); Cap on Losses From Certified Acts of Terrorism	Withdrawn	Yes
Form	Exclusion of Certified Acts and other Acts of Terrorism	Withdrawn	Yes

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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	AGOP021 0108	0108	Disclosure/ Replaced Notice	Replaced Form #:0.00 AGOP021 0107 Previous Filing #:		AGOP021 0108.pdf
Approved	Notice-Offer of Terrorism Coverage; Notice-Disclosure of Premium	COPB068 0108	0108	Disclosure/ Replaced Notice	Replaced Form #:0.00 COPB068 0107 Previous Filing #:		COPB068 0108.pdf
Approved	Notice-Offer of Terrorism Coverage; Notice-Disclosure of Premium	IMCB346 0108	0108	Disclosure/ Replaced Notice	Replaced Form #:0.00 IMCB346 0107 Previous Filing #:		IMCB346 0108.pdf
Approved	Disclosure Pursuant to Terrorism Risk Insurance Act	MLXB210 0108	0108	Disclosure/ Replaced Notice	Replaced Form #:0.00 MLXB210 0107 Previous Filing #:		MLXB210 0108.pdf
Approved	Notice-Offer of Terrorism Coverage; Notice-Disclosure of Premium	IMCB345 0108	0108	Disclosure/ Replaced Notice	Replaced Form #:0.00 IMCB345 0107 Previous Filing #:		IMCB345 0108.pdf
Approved	Cap on Losses From Certified Acts of Terrorism	IMCB334 0108	0108	Endorsement/Amendment/Conditions	Replaced Form #:0.00 IMCB334 0107 Previous Filing #:		IMCB334 0108.pdf
Approved	Exclusion of Certified Acts of Terrorism	IMCB335 0108	0108	Endorsement/Amendment/Conditions	Replaced Form #:0.00 IMCB335 0107 Previous Filing #:		IMCB335 0108.pdf
Withdrawn	Limited Exclusion	IMCB336 0103	0103	Endorsement/Amendment/Conditions	Replaced Form #:0.00		

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 Terrorism

Withdrawn Exclusion of IMCB339 0103 Endorseme Withdrawn Replaced Form #:0.00
 Certified Acts and0103 nt/Amendm
 other Acts of ent/Condi Previous Filing #:
 Terrorism ons

Client Number: _____

Named Insured: _____
Policy/Quote Number: _____
Insurance Company: _____

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

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. See the next page for a further description of an act of terrorism as provided under the Act.

ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

You may accept or reject this offer of coverage. If you choose to accept this coverage, the premium for this coverage is payable according to the terms of your billing notice. You may reject this offer by completing and signing this statement and returning it to us. If you send us a signed rejection of coverage, your policy will exclude coverage for certified terrorism losses.

See the section of this Notice titled **DISCLOSURE OF PREMIUM**. If you choose to accept this offer of coverage, your premium will include the additional premium for terrorism as stated in such **DISCLOSURE**. If you choose to reject this coverage, due to specific state requirements indicated below, a premium charge may still apply. The premium for terrorism as stated in the **DISCLOSURE** is subject to change with adjustments to the base policy premium, including audit.

In the state(s) of *California, Georgia, Idaho, Illinois, Iowa, Missouri, New York, North Carolina, Oregon, Virginia, Washington, West Virginia, and Wisconsin*, a terrorism exclusion makes an exception for fire losses resulting from an act of terrorism. Accordingly, **if you reject** the offer of terrorism coverage as provided under the program, that rejection is not applicable to fire losses resulting from an act of terrorism. In these state(s), the coverage in your policy for such fire losses will continue. The premium for such fire coverage is stated in the **DISCLOSURE**. This premium is due whether or not you reject the offer described above for terrorism coverage.

Client Number: _____

DISCLOSURE OF PREMIUM

If you **accept** this offer, the premium for terrorism coverage is: \$ _____

In the state(s) listed above that require fire following coverage, **if you reject this offer**, the premium for this coverage is: \$ _____

You may choose to reject this offer by completing and signing the rejection statement below and returning this form to us. If you reject this offer, your policy will be written to exclude the described coverage.

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

Policyholder's Signature Date

Print Name

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

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 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 this formula, the United States government generally pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium shown above does not include any charges for the portion of loss covered by the federal government under the Act.

The following excerpt from the Act is provided for your information:

According to Section 102(1) of the Terrorism Risk Insurance Act, as amended, "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 ---- (i) to be an act of terrorism; (ii) to be a violent act or an act that is dangerous to (I) human life; (II) property; or (III) infrastructure; (iii) to have resulted in damage within the United States, or outside the United States in the case of (I) an air carrier or vessel described in paragraph (5)(B); or (II) the premises of a United States mission; and (iv) 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." Section 102(1)(B) states, "No act shall be certified by the Secretary as an act of terrorism if (I) the act is committed as part of the course of war declared by the Congress, except that this clause shall not apply with respect to any coverage for workers' compensation; or (ii) property and casualty insurance losses resulting from the act, in the aggregate, do not exceed \$5,000,000." Section 102(1)(C)and (D) specify that the determinations are final and not subject to judicial review and that the Secretary of the Treasury cannot delegate the determination to anyone.

Client Number: _____

Named Insured: _____
Policy/Quote Number: _____
Insurance Company: _____

NOTICE – OFFER OF TERRORISM COVERAGE NOTICE - DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as *defined in Section 102(1) of the Act*. See the next page for a further description of an act of terrorism as provided under the Act.

ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

You may accept or reject this offer of coverage. If you choose to accept this coverage, the premium for this coverage is payable according to the terms of your billing notice. You may reject this offer by completing and signing this statement and returning it to us. If you send us a signed rejection of coverage, your policy will exclude coverage for certified terrorism losses.

See the section of this Notice titled **DISCLOSURE OF PREMIUM**. If you choose to accept this offer of coverage, your premium will include the additional premium for terrorism as stated in such **DISCLOSURE**. If you choose to reject this coverage, due to specific state requirements indicated below, a premium charge may still apply. The premium for terrorism as stated in the **DISCLOSURE** is subject to change with adjustments to the base policy premium, including audit.

In the state(s) of *California, Georgia, Idaho, Illinois, Iowa, Missouri, New York, North Carolina, Oregon, Virginia, Washington, West Virginia, and Wisconsin*, a terrorism exclusion makes an exception for fire losses resulting from an act of terrorism. Accordingly, **if you reject** the offer of terrorism coverage as provided under the program, that rejection is not applicable to fire losses resulting from an act of terrorism. In these state(s), the coverage in your policy for such fire losses will continue. The premium for such fire coverage is stated in the **DISCLOSURE**. This premium is due whether or not you reject the offer described above for terrorism coverage.

DISCLOSURE OF PREMIUM

If you **accept** this offer, the premium for terrorism coverage is: \$_____

In the state(s) listed above that require fire following coverage, **if you reject this offer**, the premium for this coverage is: \$_____

You may choose to reject this offer by completing and signing the rejection statement below and returning this form to us. If you reject this offer, your policy will be written to exclude the described coverage.

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

Policyholder's Signature

Date

Print Name

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

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 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 this formula, the United States government generally pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium shown above does not include any charges for the portion of loss covered by the federal government under the Act.

The following excerpt from the Act is provided for your information:

According to Section 102(1) of the Terrorism Risk Insurance Act, as amended, "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 ---- (i) to be an act of terrorism; (ii) to be a violent act or an act that is dangerous to (I) human life; (II) property; or (III) infrastructure; (iii) to have resulted in damage within the United States, or outside the United States in the case of (I) an air carrier or vessel described in paragraph (5)(B); or (II) the premises of a United States mission; and (iv) 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." Section 102(1)(B) states, "No act shall be certified by the Secretary as an act of terrorism if (I) the act is committed as part of the course of war declared by the Congress, except that this clause shall not apply with respect to any coverage for workers' compensation; or (ii) property and casualty insurance losses resulting from the act, in the aggregate, do not exceed \$5,000,000." Section 102(1)(C) and (D) specify that the determinations are final and not subject to judicial review and that the Secretary of the Treasury cannot delegate the determination to anyone.

Client Number: _____

Named Insured: _____
Policy/Quote Number: _____
Insurance Company: _____

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

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as *defined in Section 102(1) of the Act*. See the next page for a further description of an act of terrorism as provided under the Act.

ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

You may accept or reject this offer of coverage. If you choose to accept this coverage, the premium for this coverage is payable according to the terms of your billing notice. You may reject this offer by completing and signing this statement and returning it to us. If you send us a signed rejection of coverage, your policy will exclude coverage for certified terrorism losses.

See the section of this Notice titled **DISCLOSURE OF PREMIUM**. If you choose to accept this offer of coverage, your premium will include the additional premium for terrorism as stated in such **DISCLOSURE**. If you choose to reject this coverage, due to specific state requirements indicated below, a premium charge may still apply. The premium for terrorism as stated in the **DISCLOSURE** is subject to change with adjustments to the base policy premium, including audit.

In the state(s) of *California, Missouri, Oregon, and Wisconsin*, a terrorism exclusion makes an exception for fire losses resulting from an act of terrorism. Accordingly, **if you reject** the offer of terrorism coverage as provided under the program, that rejection is not applicable to fire losses resulting from an act of terrorism. In these state(s), the coverage in your policy for such fire losses will continue. The premium for such fire coverage is stated in the **DISCLOSURE**. This premium is due whether or not you reject the offer described above for terrorism coverage.

Client Number: _____

DISCLOSURE OF PREMIUM

If you **accept** this offer, the premium for certified terrorism coverage is: \$ _____

In the state(s) listed above that require fire following coverage, **if you reject this offer**, the premium for this coverage is: \$ _____

You may choose to **reject** this offer by completing and signing the rejection statement below and returning this form to us. If you reject this offer, your policy will be written to exclude the described coverage.

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

Policyholder's Signature

Date

Print Name

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

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 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 this formula, the United States government generally pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium shown above does not include any charges for the portion of loss covered by the federal government under the Act.

The following excerpt from the Act is provided for your information:

According to Section 102(1) of the Terrorism Risk Insurance Act, as amended, "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 ---- (i) to be an act of terrorism; (ii) to be a violent act or an act that is dangerous to (I) human life; (II) property; or (III) infrastructure; (iii) to have resulted in damage within the United States, or outside the United States in the case of (I) an air carrier or vessel described in paragraph (5)(B); or (II) the premises of a United States mission; and (iv) 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." Section 102(1)(B) states, "No act shall be certified by the Secretary as an act of terrorism if (I) the act is committed as part of the course of war declared by the Congress, except that this clause shall not apply with respect to any coverage for workers' compensation; or (ii) property and casualty insurance losses resulting from the act, in the aggregate, do not exceed \$5,000,000." Section 102(1)(C) and (D) specify that the determinations are final and not subject to judicial review and that the Secretary of the Treasury cannot delegate the determination to anyone.

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE*

Terrorism Premium (Certified Acts)

This premium is the total Certified Acts premium attributable to the following Coverage Section(s), Coverage Form(s) and/or Policy(s):

Additional information, if any, concerning the terrorism premium:

* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, **we** are required to provide **you** with a notice disclosing the portion of **your** premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of **your** premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism **losses** insured under the federal program. The federal share equals 85% of that portion of the amount of such insured **losses** that exceeds the applicable insurer retention. However, if 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), the Treasury shall not make any payment for any portion of the amount of such **losses** that exceeds \$100 billion.

C. Cap On Insurer Participation in Payment Of Terrorism Losses

If 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 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.

Client Number: _____

Named Insured: _____
Policy/Quote Number: _____
Insurance Company: _____

NOTICE – OFFER OF TERRORISM COVERAGE
NOTICE - DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as *defined in Section 102(1) of the Act*. See the next page for a further description of an act of terrorism as provided under the Act.

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See the section of this Notice titled **DISCLOSURE OF PREMIUM**. If you choose to accept this offer of coverage, your premium will include the additional premium for terrorism as stated in such **DISCLOSURE**. If you choose to reject this coverage, due to specific state requirements indicated below, a premium charge may still apply. The premium for terrorism as stated in the **DISCLOSURE** is subject to change with adjustments to the base policy premium, including audit.

In the states of *California and Missouri*, a terrorism exclusion makes an exception for fire losses resulting from an act of terrorism. Accordingly, **if you reject** the offer of terrorism coverage as provided under the program, that rejection is not applicable to fire losses resulting from an act of terrorism. In Missouri, the coverage in your policy for such fire losses will continue. The premium for such fire coverage is stated in the **DISCLOSURE**. This premium is due whether or not you reject the offer described above for terrorism coverage.

Client Number:
DISCLOSURE OF PREMIUM

If you **accept** this offer, the premium for certified terrorism coverage is: \$ _____

In California and Missouri, where fire following coverage is required, **if you reject this offer**, the premium for this coverage is: \$ _____

You may choose to **reject** this offer by completing and signing the rejection statement below and returning this form to us. If you reject this offer, your policy will be written to exclude the described coverage.

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

Policyholder's Signature

Date

Print Name

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

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 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 this formula, the United States government generally pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium shown above does not include any charges for the portion of loss covered by the federal government under the Act.

The following excerpt from the Act is provided for your information:

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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:

CottonGard® Cotton Products Floater

A. 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 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 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. Application Of 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 Part or Policy, such as **losses** excluded by the Nuclear Hazard Exclusion or the War And Military Action Exclusion.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following:

CottonGard® Cotton Products Floater

SCHEDULE

The **Exception Covering Certain Fire Losses** (Paragraph **C**) applies to property located in the following state(s), if covered under the indicated Coverage Form, Coverage Part or Policy:

State(s)	Coverage Form, Coverage Part Or Policy
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. The following definition is added with respect to the provisions of this endorsement:

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 that 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.

B. The following exclusion is added:

CERTIFIED ACT OF TERRORISM EXCLUSION

We will not pay for **loss** or damage caused directly or indirectly by a **certified act of terrorism**. Such **loss** or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the **loss**.

C. Exception Covering Certain Fire Losses

The following exception to the exclusion in Paragraph **B.** applies only if indicated and as indicated in the Schedule of this endorsement.

If a **certified act of terrorism** results in fire, **we** will pay for the **loss** or damage caused by that fire. Such coverage for fire applies only to direct **loss** or damage by fire to **Covered Property**. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements which apply to those forms, or to Legal Liability Coverage or Leasehold Interest Coverage.

If 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 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.

D. 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 Part or Policy, such as **losses** excluded by the Nuclear Hazard Exclusion or the War And Military Action Exclusion.

SERFF Tracking Number: FARL-125559348 *State:* Arkansas
First Filing Company: Farmland Mutual Insurance Company, ... *State Tracking Number:* EFT \$20
Company Tracking Number: A-2008DAVW-7CTRT8
TOI: 35.0 Interline Filings *Sub-TOI:* 35.0002 Commercial Interline Filings
Product Name: Commercial Property
Project Name/Number: Terrorism Risk Insurance Program Reauthorization Act of 2007/A-2008DAVW-7CTRT8

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FARL-125559348 State: Arkansas
First Filing Company: Farmland Mutual Insurance Company, ... State Tracking Number: EFT \$20
Company Tracking Number: A-2008DAVW-7CTRT8
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Property
Project Name/Number: Terrorism Risk Insurance Program Reauthorization Act of 2007/A-2008DAVW-7CTRT8

Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 03/24/2008

Bypass Reason: n/a

Comments:

Satisfied -Name: F215-Expedited Filing Form **Review Status:** Approved 03/24/2008

Comments:

Attachment:

F215 Forms 011608.pdf

Satisfied -Name: Filing Memorandum **Review Status:** Approved 03/24/2008

Comments:

Attachment:

TRIPRA 2008 Property Filing Memorandum.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 type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Nationwide Agribusiness Insurance Company	Iowa	140-28223	42-1015537
Farmland Mutual Insurance Company	Iowa	140-13838	42-0618271

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Debra A VandeWeerd, 1100 Locust Street, Des Moines, Iowa 50391-3030	515-508-3447	515-508-3681	dvandewe@nationwide.com

Filing information

Line of Insurance (see attachment)	Agricultural Output, Commercial Output, Commercial Inland Marine/Inland Marine Guide
Company Program Title (Marketing title) (if applicable)	
Filing Type ** see note below	Expedited
This application is used with:	
Effective Date Requested	4/1/2008
Filing date	3/18/2008
Company Tracking Number	A-2008DAVW-7CTRT8
Date filing approved in domiciliary state, if applicable	

	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	Disclosure Pursuant to Terrorism Risk Insurance Act	MLXB210 0108	<input checked="" type="checkbox"/> Replacement	MLXB210 0107	
02	Notice-Offer of Terrorism Coverage; Notice-Disclosure of Premium	AGOP021 0108	<input checked="" type="checkbox"/> Replacement	AGOP021 0107	
03	Notice-Offer of Terrorism Coverage; Notice -Disclosure of Premium	COPB068	<input checked="" type="checkbox"/> Replacement	COPB068 0107	
04	Notice-Offer of Terrorism Coverage; Notice-Disclosure of Premium	IMCB346 0108	<input checked="" type="checkbox"/> Replacement	IMCB346 0107	
05	Notice-Offer of Terrorism Coverage; Notice-Disclosure of Premium	IMCB345 0108	<input checked="" type="checkbox"/> Replacement	IMCB345 0107	
06	Cap on losses from certified acts of terrorism	IMCB334 0108	<input checked="" type="checkbox"/> Replacement	IMCB334 0107	
07	Exclusion of certified acts of terrorism	IMCB335 0108	<input checked="" type="checkbox"/> Replacement	IMCB335 0107	
08	Limited Exclusion of Acts of Terrorism (other than certified acts of Terrorism); CAP on Losses from Certified Acts of Terrorism	IMCB336 0103	<input checked="" type="checkbox"/> Withdrawn		
09	Exclusion of certified acts and other acts of terrorism	IMCB339 0103	<input checked="" type="checkbox"/> Withdrawn		

To be complete, a form 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: *Debra A VandeWeerd* Debra A VandeWeerd State Filing Analyst
 Print Name: Title:

FARMLAND MUTUAL INSURANCE COMPANY
NATIONWIDE AGRIBUSINESS INSURANCE COMPANY

**FORMS FILING MEMORANDUM
Commercial Lines - Property**

With this forms filing, we are revising certain terrorism endorsements for our Property Lines in response to the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2007, as follows effective April 1, 2008:

AAIS Agricultural Output

AGOP021 0108 - NOTICE-OFFER OF TERRORISM COVERAGE; NOTICE-DISCLOSURE OF PREMIUM -

This form replaces the prior edition form AGOP021.

AAIS Commercial Output Program

COPB068 0108 NOTICE-OFFER OF TERRORISM COVERAGE; NOTICE-DISCLOSURE OF PREMIUM -

This form replaces the prior edition form COPB068.

AAIS Commercial Inland Marine

IMCB346 0108 - NOTICE-OFFER OF TERRORISM COVERAGE; NOTICE-DISCLOSURE OF

PREMIUM - This premium disclosure application form replaces the prior edition disclosure application form IMCB346 and is provided for offering coverage for certified acts of Terrorism at the time of quote or issue in accordance with the make available requirements of TRIPRA.

CottonGard

MLXB 210 0108 - DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT) – This form replaces the prior edition form MLXB210. This form is based on ISO form IL0985 0108.

IMCB345 0108 - NOTICE-OFFER OF TERRORISM COVERAGE; NOTICE-DISCLOSURE OF

PREMIUM - This premium disclosure application form replaces the prior edition disclosure application form IMCB345 and is provided for offering coverage for certified acts of terrorism at the time of quote in accordance with the make available requirements of TRIPRA.

IMCB334 0108—CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM – This form replaces the prior edition form IMCB334. This form is based on ISO endorsement IL0952 0108.

IMCB335 0108—EXCLUSION OF CERTIFIED ACTS OF TERRORISM - This form replaces the prior edition form IMCB335. This form is based on ISO endorsement IL0953 0108.

Withdrawn Forms:

We are withdrawing the following forms:

IMCB336 0103 – LIMITED EXCLUSION OF ACTS OF TERRORISM (OTHER THAN CERTIFIED ACTS OF TERRORISM); CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM - Based on ISO Endorsement IL0959.

IMCB339 0103 – EXCLUSION OF CERTIFIED ACTS AND OTHER ACTS OF TERRORISM – Based on ISO Endorsement IL0961.