

SERFF Tracking Number: HRLV-125542633 State: Arkansas
Filing Company: Harleysville Mutual Insurance Company State Tracking Number: #? \$?
Company Tracking Number: GLKLG020408-1
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: GL
Project Name/Number: GL- Terrorism Risk Insurance Program Reauthorization Act of 2007/

Filing at a Glance

Company: Harleysville Mutual Insurance Company

Product Name: GL

SERFF Tr Num: HRLV-125542633 State: Arkansas

TOI: 17.0 Other Liability - Claims
Made/Occurrence

SERFF Status: Closed

State Tr Num: #? \$?

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: GLKLG020408-1

State Status: Fees verified and
received

Filing Type: Form

Co Status: Submitted to State

Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding

Author: Carol Zwoyer

Disposition Date: 03/14/2008

Date Submitted: 03/13/2008

Disposition Status: Approved

Effective Date Requested (New):

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: GL- Terrorism Risk Insurance Program Reauthorization Act of 2007 Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number: CL-2007-OTRL1

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/14/2008

State Status Changed: 03/14/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We wish submit the ISO disclosure notice IL 0985 (filed under CL-2007-OTRL1) for informational purposes.

Company and Contact

Filing Contact Information

SERFF Tracking Number: HRLV-125542633 State: Arkansas
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Carol Zwoyer, Senior State Filing Analyst czwoyer@harleysvillegroup.com
355 Maple Avenue (215) 256-5735 [Phone]
Harleysville, PA 19438-2297 (215) 256-5678[FAX]

Filing Company Information

Harleysville Mutual Insurance Company CoCode: 14168 State of Domicile: Pennsylvania
355 Maple Avenue Group Code: 253 Company Type:
Harleysville, PA 19438 Group Name: State ID Number:
(215) 256-5000 ext. [Phone] FEIN Number: 23-0902325

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Mutual Insurance Company	\$0.00	03/13/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	03/14/2008	03/14/2008

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Disposition

Disposition Date: 03/14/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HRLV-125542633 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	cover letter and expediting filing transmittal	Approved	Yes
Form	Disclosure Pursuant to Terrorism Risk Insurance Act	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Disclosure Pursuant to Terrorism Risk Insurance Act	IL-0985	01-08	Disclosure/ New Notice		0.00	IL-0985 _Ed 1-08_ Disclosure Pursuant to TRIA.pdf

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) \$ 0

This premium is the total Certified Acts premium attributable to the following Coverage Part(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 above, 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.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-
Property & Casualty
Bypass Reason: not applicable-
Comments:

Review Status:
Approved 03/14/2008

Satisfied -Name: cover letter and expediting filing
transmittal
Comments:
Attachments:
AR Form Federal Terrorism 2008 revision.pdf
TRIA expedited form.pdf

Review Status:
Approved 03/14/2008

HARLEYSVILLE MUTUAL INSURANCE COMPANY

**355 Maple Avenue
Harleysville, PA 19438-2297
www.harleysvillegroup.com**

March 13, 2008

Honorable Julie Benfield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

GROUP#253, NAIC#14168
Commercial General Liability
Form Filing
Company File Number: 125542633

Dear Honorable Bowman:

With this filing it is our intent to submit a revision to be applicable to our Commercial General Liability.

In an effort to ensure that we are in compliance with the US Treasury requirements for the Terrorism Risk program reauthorization Act of 2007, we wish submit the ISO disclosure notice IL 0985 (filed under CL-2007-OTRL1) for informational purposes

Attached: IL-0985 (Ed. 01/08) Disclosure Pursuant to Terrorism Risk Insurance Act

Withdrawn: IL-7156 (Ed. 5-06) Endorsement Notice of Terrorism Insurance Coverage

These changes are applicable in conjunction with the implementation of the Terrorism Risk Insurance Program Reauthorization Act of 2007 (H.R. 2761).

Your favorable approval will be appreciated.

Very truly yours



Carol Zwoyer, AAM, AIT
Senior State Filing Analyst
(215) 256-5735

czwoyer@harleysvillegroup.com

cc: Kevin Grafton, Lisa Berke

**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 type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail

Filing information

Line of Insurance (see attachment)	
Company Program Title (Marketing title) (if applicable)	
Filing Type ** see note below	
This application is used with:	
Effective Date Requested	
Filing date	
Company Tracking Number	
Date filing approved in domiciliary state, if applicable	

	<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			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<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

Print Name:

Title: