

SERFF Tracking Number: HRLV-125545572 State: Arkansas  
Filing Company: Harleysville Mutual Insurance Company State Tracking Number: # \$0  
Company Tracking Number: CPJM020108-1  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations  
Liability  
Product Name: ML  
Project Name/Number: Terrorisms Risk Insurance Program Reauthorization Act of 2007/

## Filing at a Glance

Company: Harleysville Mutual Insurance Company

Product Name: ML SERFF Tr Num: HRLV-125545572 State: Arkansas  
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: # \$0  
Sub-TOI: 05.0000 CMP Sub-TOI Combinations Co Tr Num: CPJM020108-1

Filing Type: Form Co Status: Submitted to State State Status: Fees verified and received  
Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding  
Author: Carol Zwoyer Disposition Date: 03/20/2008  
Date Submitted: 03/14/2008 Disposition Status: Accepted For Informational Purposes  
Effective Date Requested (New): Effective Date (New): 01/01/2008  
Effective Date Requested (Renewal): Effective Date (Renewal): 01/01/2008

State Filing Description:

## General Information

Project Name: Terrorisms Risk Insurance Program Reauthorization Act of 2007 Status of Filing in Domicile:  
Project Number: Domicile Status Comments:  
Reference Organization: Reference Number: CL-2007-OTRP1  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 03/20/2008  
State Status Changed: 03/20/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
we wish submit the ISO disclosure notice IL 0985 (filed under CL-2007-OTRP1) for informational purposes

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## Company and Contact

### Filing Contact Information

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	03/14/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Llyweyia Rawlins Informational Purposes		03/20/2008	03/20/2008

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## Disposition

Disposition Date: 03/20/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal): 01/01/2008

Status: Accepted For Informational Purposes

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	Accepted for Informational Purposes	Yes
Supporting Document	cover letter	Accepted for Informational Purposes	Yes
Supporting Document	Expediting Filing Transmittal	Accepted for Informational Purposes	Yes
Form	Disclosure Pursuant to Terrorism Risk Insurance Act	Accepted for Informational Purposes	Yes
Form	Endorsement Notice of Terrorism Insurance Coverage	Withdrawn	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	Disclosure Pursuant to Terrorism Risk Insurance Act	IL-0985	1-08	Disclosure/ New Notice		0.00	IL-0985 _Ed 1-08_ Disclosure Pursuant to TRIA.pdf
Withdrawn	Endorsement Notice of Terrorism Insurance Coverage	IL-7156	05-06	Endorsement/Amendment/Conditions	Replaced Form #: Previous Filing #:	0.00	

**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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## Supporting Document Schedules

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

**Review Status:**  
Accepted for Informational 03/20/2008  
Purposes

**Satisfied -Name:** cover letter  
**Comments:**  
**Attachment:**  
AR Form Federal Terrorism 2008 revision.pdf

**Review Status:**  
Accepted for Informational 03/20/2008  
Purposes

**Satisfied -Name:** Expediting Filing Transmittal  
**Comments:**  
**Attachments:**  
B & M TRIA expedited form.pdf  
CIM TRIA expedited form.pdf  
CP TRIA expedited form.pdf

**Review Status:**  
Accepted for Informational 03/20/2008  
Purposes

**HARLEYSVILLE MUTUAL INSURANCE COMPANY**

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

March 14, 2008

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

GROUP#253, NAIC#14168  
**Boiler & Machinery  
Commercial Property  
Commercial Inland Marine**  
Form Filing  
Company File Number: 125545572

Dear Honorable Bowman:

With this filing it is our intent to submit the following revision to be applicable to the above captioned lines of business.

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-OTRP1) 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](mailto:czwoyer@harleysvillegroup.com)

cc: Jen Milewski

**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**

<b>Line of Insurance</b> (see attachment)	
<b>Company Program Title</b> (Marketing title) (if applicable)	
<b>Filing Type</b> ** see note below	
<b>This application is used with:</b>	
<b>Effective Date Requested</b>	
<b>Filing date</b>	
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	<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		
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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		
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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:

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Title:

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