

SERFF Tracking Number: HRLV-125572448 State: Arkansas  
First Filing Company: Harleysville Mutual Insurance Company, ... State Tracking Number: #? \$0  
Company Tracking Number: WCKLG021308-1  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: WC  
Project Name/Number: WC TRIPRA of 2007/

## Filing at a Glance

Companies: Harleysville Mutual Insurance Company, Harleysville Preferred Insurance Company

Product Name: WC

SERFF Tr Num: HRLV-125572448 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: #? \$0

Sub-TOI: 16.0004 Standard WC

Co Tr Num: WCKLG021308-1

State Status: Fees verified and received

Filing Type: Form

Co Status: Submitted to State

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

Author: Carol Zwoyer

Disposition Date: 03/25/2008

Date Submitted: 03/24/2008

Disposition Status: Accepted For Informational Purposes

Effective Date Requested (New):

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: WC TRIPRA of 2007

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/25/2008

State Status Changed: 03/25/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

In response to the Terrorism Risk Insurance Program Reauthorization Act of 2007 (H.R. 2761) extending the Terrorism Risk Insurance Act (TRIA), we submit, on an informational basis only, the following notice applicable to our Workers Compensation Program:

WC 00 01 13A (Ed. 1-08) Terrorism Risk Insurance Program Authorization Act Endorsement

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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	

Harleysville Preferred Insurance Company	CoCode: 35696	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: 23-2384978	

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Mutual Insurance Company	\$0.00	03/24/2008	
Harleysville Preferred Insurance Company	\$0.00	03/24/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Carol Stiffler Informational Purposes		03/25/2008	03/25/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	03/24/2008	03/24/2008	Carol Zwoyer	03/25/2008	03/25/2008

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## Disposition

Disposition Date: 03/25/2008  
Effective Date (New): 01/01/2008  
Effective Date (Renewal):  
Status: Accepted For Informational Purposes  
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	Accepted for Informational Purposes	Yes
Supporting Document	cover letter	Accepted for Informational Purposes	Yes
Supporting Document	expedited filing transmittal	Accepted for Informational Purposes	Yes
Form	Terrorism Risk Insurance Program Authorization Act Endorsement	Accepted for Informational Purposes	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 03/24/2008

Submitted Date 03/24/2008

Respond By Date

Dear Carol Zwoyer,

This will acknowledge receipt of the captioned filing.

Under the Filing Fee tab it doesn't show that a fee is required. The fee for a form filing is \$50. Also, the filing doesn't seem to indicate the effective date.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 03/25/2008

Submitted Date 03/25/2008

Dear Carol Stiffler,

### Comments:

### Response 1

Comments: Please be advised that our rule of application is as follows:

This change shall be applicable to all policies effective on or after January 1, 2008.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

*SERFF Tracking Number:*     *HRLV-125572448*                     *State:*                     *Arkansas*  
*First Filing Company:*     *Harleysville Mutual Insurance Company, ...*     *State Tracking Number:*     *#? \$0*  
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*Project Name/Number:*     *WC TRIPRA of 2007/*

**No Rate/Rule Schedule items changed.**

Sincerely,  
Carol Zwoyer

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Accepted for Information Program al Purposes Authorization Act Endorsement	Terrorism Risk Insurance	WC 00 01 13A	1-08	Disclosure/ New Notice			WC-000113A Ed 1-08 TRIPRA Endmt.pdf

**TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT**

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007.

**Definitions**

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

“Act” means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

“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 as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has 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.

“Insured Loss” means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

“Insurer Deductible” means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

“Program Year” refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

**Limitation of Liability**

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

**Policyholder Disclosure Notice**

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceeds \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceeds \$100,000,000,000.
3. The premiums charged for the coverage for Insured Losses under this policy are included in the amounts shown in Item 4 of the Information Page or in the Schedules in the Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement (WC 00 04 21 B) and the Foreign Terrorism Premium Endorsement (WC 00 04 22), attached to this policy.

Endorsement  
Insured  
Insurance  
Company

Effective Policy No.

Endorsement No.  
Premium \$

Countersigned By

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**WC 00 11 13A**  
(Ed. 1-08)

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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:** Accepted for Informational Purposes 03/25/2008

**Satisfied -Name:** cover letter  
**Comments:**  
**Attachment:**  
AR WC TRIPRA FORM.pdf

**Review Status:** Accepted for Informational Purposes 03/25/2008

**Satisfied -Name:** expedited filing transmittal  
**Comments:**  
**Attachment:**  
TRIA expedited form.pdf

**Review Status:** Accepted for Informational Purposes 03/25/2008

**HARLEYSVILLE INSURANCE**  
**355 Maple Avenue**  
**Harleysville, PA 19438-2297**  
**[www.harleysvillegroup.com](http://www.harleysvillegroup.com)**

March 24, 2008

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

NAIC # 14168, 35696  
**Workers Compensation**  
Form Filing  
Reference File Number: 125572448

Dear Honorable Bowman:

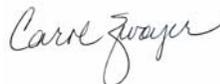
In response to the Terrorism Risk Insurance Program Reauthorization Act of 2007 (H.R. 2761) extending the Terrorism Risk Insurance Act (TRIA), we submit, on an informational basis only, the following notice applicable to our Workers Compensation Program:

WC 00 01 13A (Ed. 1-08) Terrorism Risk Insurance Program Authorization Act Endorsement

This change is applicable in conjunction with the implementation of the Terrorism Risk Insurance Program Reauthorization Act of 2007 (H.R. 2761).

Your favorable consideration will be appreciated.

Very truly yours,  
**Harleysville Mutual Insurance Company**  
**Harleysville Preferred Insurance Company**



Carol Zwoyer, AAM, AIT  
Senior State Filing Analyst  
(215) 256-5735  
czwoyer@harleysvillegroup.com

cc: Kevin Grafton

**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>	
<b>Company Tracking Number</b>	
<b>Date filing approved in domiciliary state, if applicable</b>	

	<u>Component/Form Name /Description/Synopsis</u>	<b>Form # or Rate Page Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # or rate page(s) it replaces</b>	<b>Previous State Filing Number, if required by state</b>
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: