

SERFF Tracking Number: LBRM-125496874 State: Arkansas  
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: # \$0  
Company Tracking Number: 2008-00735  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Terrorism (TRIPRA) Informational Filing - Notice to Policyholders  
Project Name/Number: Terrorism (TRIPRA) Informational Filing - Notice to Policyholders/2008-00735

## Filing at a Glance

Companies: The Ohio Casualty Insurance Company, West American Insurance Company, American Fire and Casualty Company

Product Name: Terrorism (TRIPRA) SERFF Tr Num: LBRM-125496874 State: Arkansas  
Informational Filing - Notice to Policyholders  
TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: # \$0  
Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: 2008-00735 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding  
Author: Margaret Bengé Disposition Date: 03/05/2008  
Date Submitted: 02/26/2008 Disposition Status: Accepted For Informational Purposes  
Effective Date Requested (New): 03/01/2008 Effective Date (New): 03/01/2008  
Effective Date Requested (Renewal): 03/01/2008 Effective Date (Renewal): 03/01/2008

State Filing Description:

## General Information

Project Name: Terrorism (TRIPRA) Informational Filing - Notice to Policyholders Status of Filing in Domicile: Pending  
Project Number: 2008-00735 Domicile Status Comments:  
Reference Organization: NA Reference Number: NA  
Reference Title: NA Advisory Org. Circular: NA  
Filing Status Changed: 03/05/2008  
State Status Changed: 03/05/2008 Deemer Date:  
Corresponding Filing Tracking Number: NA  
Filing Description:

This filing is being submitted in accordance with the expedited filing requirements of the Federal "Terrorism Risk Insurance Reauthorization Act of 2007". We are sending this informational filing on a Countrywide basis.

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For your information we are enclosing a copy of our Terrorism Insurance Premium Notice to Policyholders NP 72 42 01 08 which will be sent with all new and renewal policies. This Notice is in final print.

We are submitting this filing to be applicable to all policies written on or after March 1, 2008.

## Company and Contact

### Filing Contact Information

Margaret Benge, Product Staff Underwriter Margaret.Benge@libertymutual.com  
 9450 Seward Road (513) 603-2841 [Phone]  
 Fairfield, OH 45014

### Filing Company Information

The Ohio Casualty Insurance Company	CoCode: 24074	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type: Property & Casualty
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 31-0396250	

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West American Insurance Company	CoCode: 44393	State of Domicile: Indiana
9450 Seward Road	Group Code: 111	Company Type: Property & Casualty
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 31-0624491	

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American Fire and Casualty Company	CoCode: 24066	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type: Property & Casualty
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 59-0141790	

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## Filing Fees

Fee Required? No  
 Retaliatory? No

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**Fee Explanation:**  
**Per Company:** No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Ohio Casualty Insurance Company	\$0.00	02/26/2008	
West American Insurance Company	\$0.00	02/26/2008	
American Fire and Casualty Company	\$0.00	02/26/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Llyweyia Rawlins Informational Purposes		03/05/2008	03/05/2008

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## Disposition

Disposition Date: 03/05/2008  
Effective Date (New): 03/01/2008  
Effective Date (Renewal): 03/01/2008  
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
Form	Terrorism Insurance Premium Notice	Accepted for Informational Purposes	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Accepted for Informational Purposes	Terrorism Insurance Premium Notice	NP 72 42	01 08	Disclosure/ New Notice		0.00	NP 72 42 01 08.pdf

## TERRORISM INSURANCE PREMIUM NOTICE

**This notice contains important information about the Terrorism Risk Insurance Act and its effect on your policy. Please read it carefully.**

### THE TERRORISM RISK INSURANCE ACT

The Terrorism Risk Insurance Act, including all amendments (“TRIA” or the “Act”), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer’s losses from a “certified act of terrorism” exceed a specified deductible amount, the government will reimburse the insurer for 85% of losses paid in excess of the deductible, but only if aggregate industry losses from such an act exceed \$100 million. An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

### MANDATORY OFFER OF COVERAGE FOR “CERTIFIED ACTS OF TERRORISM” AND DISCLOSURE OF PREMIUM

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a “certified act of terrorism” AND that is otherwise covered under your policy.

A “certified 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 of the United States in the case of –

- (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); 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.

**REJECTING TERRORISM INSURANCE COVERAGE - WHAT YOU MUST DO**

We have included in your policy coverage for losses resulting from “certified acts of terrorism” as defined above.

THE PREMIUM CHARGE FOR THIS COVERAGE APPEARS ON THE DECLARATIONS PAGE OF THE POLICY AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

IF YOU CHOOSE TO REJECT THIS COVERAGE, PLEASE CHECK THE BOX BELOW, SIGN THE ACKNOWLEDGMENT, AND RETURN THIS FORM TO THE ADDRESS BELOW: **Please ensure any rejection is received within thirty (30) days of the effective date of your policy.**

I hereby reject this offer of coverage. I understand that by rejecting this offer, I will have no coverage for losses arising from a “certified acts of terrorism” and my policy will be endorsed accordingly.

Policyholder/Applicant's Signature

Print Name

Date Signed

Named Insured

Policy Number

Policy Effective/Expiration Date

IF YOU REJECTED THIS COVERAGE, PLEASE RETURN THIS FORM TO:

Attn: Commercial Lines Division - Terrorism  
P.O. Box 188060  
Fairfield, OH 45018

**Note:** Certain states (currently CA, GA, IA, IL, MA, ME, MO, NY, NC, NJ, OR, RI, WA, and WI) mandate coverage for loss caused by fire following a “certified act of terrorism” in certain types of insurance policies. If you reject TRIA coverage in these states on those policies, you will not be charged any additional premium for that state mandated coverage.

**The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy carefully.**

If you have any questions regarding this notice, please contact your agent.

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## **Rate Information**

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## Supporting Document Schedules

		Review Status:
<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	Accepted for Informational Purposes 03/05/2008

### Comments:

See attached filing cover letter and Expedited Filing Transmittal Document for Terrorism Risk Forms. The Expedited Transmittal replaces the normal NAIC Transmittal Document.

NOTE ON FILING FEES: We are NOT sending any filing fee for this filing because fees are NOT required for informational filings.

### Attachments:

AmerFirst mb0226ml.ar.pdf

Terrorism Trans Doc AR MB version.pdf



**America First  
Insurance.**

Member of Liberty Mutual Group

February 26, 2008

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

RE: THE OHIO CASUALTY INSURANCE COMPANY - NAIC #111-24074  
WEST AMERICAN INSURANCE COMPANY - NAIC # 111-44393  
AMERICAN FIRE & CASUALTY COMPANY - NAIC # 111-24066  
COMMERCIAL LINES  
**TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT (TRIPRA)  
OF 2007 - EXPEDITED FILING**  
INFORMATIONAL FILING OF NOTICE TO POLICYHOLDERS  
COMPANY FILING NUMBER: 2008-00735

This filing is being submitted in accordance with the expedited filing requirements of the Federal "Terrorism Risk Insurance Reauthorization Act of 2007". We are sending this informational filing on a Countrywide basis.

For your information we are enclosing a copy of our Terrorism Insurance Premium Notice to Policyholders NP 72 42 01 08 which will be sent with all new and renewal policies. This Notice is in final print.

We are submitting this filing to be applicable to all policies written on or after March 1, 2008.

MARGIE BENGE, PRODUCT STAFF UNDERWRITER  
PROPERTY AND CASUALTY OPERATIONS  
1-800-843-6446 EXT. 2841  
FAX # (513) 603-3123  
E-mail address: margie.benge@ocas.com

MB:

Serff directory/AmerFirst mb0226ml.ar.doc

**EXPEDITED FILING TRANSMITTAL DOCUMENT  
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) \_\_\_\_\_

Indicate Type of Filing		Department Use Only
<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	

Company Name(s)	Domicile	NAIC#	FEIN#

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
9450 Seward Road Fairfield, Ohio 45014	1-800-843-6446		

## 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>	

	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			[        ] Replacement [        ] Withdrawn [        ] Neither		
02			[        ] Replacement [        ] Withdrawn [        ] 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: