

SERFF Tracking Number: LBRM-125534511 State: Arkansas
First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-00977
TOI: 27.0 Boiler & Machinery Sub-TOI: 27.0000 Boiler & Machinery
Product Name: AR-BM-TRIPRA 2007-FORMS
Project Name/Number: AR-BM-TRIPRA 2007-FORMS/2008-00977

Filing at a Glance

Companies: America First Insurance Company, Peerless Indemnity Insurance Company, Peerless Insurance Company, The Netherlands Insurance Company

Product Name: AR-BM-TRIPRA 2007-FORMS SERFF Tr Num: LBRM-125534511 State: Arkansas
TOI: 27.0 Boiler & Machinery SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 27.0000 Boiler & Machinery Co Tr Num: 2008-00977 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Tammy Blake Disposition Date: 03/18/2008
Date Submitted: 03/11/2008 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: AR-BM-TRIPRA 2007-FORMS Status of Filing in Domicile: Pending
Project Number: 2008-00977 Domicile Status Comments:
Reference Organization: ISO Reference Number: CL-2007-OTRP1
Reference Title: Advisory Org. Circular:
Filing Status Changed: 03/18/2008
State Status Changed: 03/18/2008 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

Effective April 1, 2008 for new and renewal business, we wish to file to adopt the above captioned ISO Filing Designation to be used with our Boiler & Machinery Program. We are making this filing to adopt the ISO Forms in response to The Terrorism Risk Insurance Program Reauthorization Act of 2007. We also wish to file our revised Disclosure Notice, ST-ML-505 (01/08) which reflects the changes made due to The Terrorism Risk Insurance Program Reauthorization Act of 2007. The adoption of the corresponding ISO Rules has been submitted under separate cover

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(our filing #2008-00976)

Company and Contact

Filing Contact Information

Tammy Blake, State Filings Analyst tammy.blake@LibertyMutual.com
62 Maple Avenue (800) 826-6189 [Phone]
Keene, NH 03431 (603) 352-9252[FAX]

Filing Company Information

America First Insurance Company CoCode: 12696 State of Domicile: New Hampshire
62 Maple Ave. Group Code: 111 Company Type: P & C
Keene, NH 03431 Group Name: State ID Number:
(800) 826-6189 ext. [Phone] FEIN Number: 58-0953149

Peerless Indemnity Insurance Company CoCode: 18333 State of Domicile: Illinois
62 Maple Ave. Group Code: 111 Company Type: Property &
Keene, NH 03431 Group Name: Casualty
(800) 826-6189 ext. [Phone] FEIN Number: 13-2919779

Peerless Insurance Company CoCode: 24198 State of Domicile: New Hampshire
62 Maple Avenue Group Code: 111 Company Type: Property &
Keene, NH 03431 Group Name: Casualty
(800) 826-6189 ext. [Phone] FEIN Number: 02-0177030

The Netherlands Insurance Company CoCode: 24171 State of Domicile: New Hampshire
62 Maple Avenue Group Code: 111 Company Type: Property &
Keene, NH 03431 Group Name: Casualty
(800) 826-6189 ext. [Phone] FEIN Number: 02-0342937

Filing Fees

SERFF Tracking Number: LBRM-125534511 *State:* Arkansas
First Filing Company: America First Insurance Company, ... *State Tracking Number:* EFT \$50
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TOI: 27.0 Boiler & Machinery *Sub-TOI:* 27.0000 Boiler & Machinery
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Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: \$50.00 PER FILING
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
America First Insurance Company	\$50.00	03/11/2008	18496789
Peerless Indemnity Insurance Company	\$0.00	03/11/2008	
Peerless Insurance Company	\$0.00	03/11/2008	
The Netherlands Insurance Company	\$0.00	03/11/2008	

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Project Name/Number: AR-BM-TRIPRA 2007-FORMS/2008-00977

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/18/2008	03/18/2008

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Product Name: AR-BM-TRIPRA 2007-FORMS
Project Name/Number: AR-BM-TRIPRA 2007-FORMS/2008-00977

Disposition

Disposition Date: 03/18/2008
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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Company Tracking Number: 2008-00977
TOI: 27.0 Boiler & Machinery *Sub-TOI:* 27.0000 Boiler & Machinery
Product Name: AR-BM-TRIPRA 2007-FORMS
Project Name/Number: AR-BM-TRIPRA 2007-FORMS/2008-00977

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	COVER LETTER	Approved	Yes
Form	DISCLOSURE NOTICE	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 NOTICE	ST-ML-505	01-2008	Disclosure/ Replaced Notice	Replaced Form #:0.00 ST-ML-505 (01/07) Previous Filing #: AR-PC-06-021019		ST-ML-505 01-2008.pdf

TERRORISM INSURANCE PREMIUM DISCLOSURE
AND OPPORTUNITY TO REJECT

This notice contains important information about the Terrorism Risk Insurance Act and your option to reject terrorism insurance coverage. 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 AVAILABILITY OF COVERAGE FOR “CERTIFIED ACTS OF TERRORISM”

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:

[A]ny 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 we are providing you with a quote, the premium charge will also appear on your quote as a separate line item charge.

Note: With respect to Excess or Umbrella policies, this offer of coverage pertains only to those lines of business covered by TRIA and, more specifically, does not apply to commercial automobile insurance. In addition, this offer of TRIA coverage is expressly conditioned upon your acceptance of coverage for “certified acts of terrorism” on all underlying insurance policies that are subject to TRIA. If you reject such coverage on your primary liability policies, you must also reject it on your Excess or Umbrella policy.

IF YOU CHOOSE TO REJECT THIS COVERAGE, PLEASE CHECK THE BOX BELOW, SIGN THE ACKNOWLEDGMENT, AND RETURN IT IN THE ENCLOSED ENVELOPE. **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.

Note that 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.

Policyholder/Applicant Signature

Date

Print Name

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.

<i>SERFF Tracking Number:</i>	<i>LBRM-125534511</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>America First Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-00977</i>		
<i>TOI:</i>	<i>27.0 Boiler & Machinery</i>	<i>Sub-TOI:</i>	<i>27.0000 Boiler & Machinery</i>
<i>Product Name:</i>	<i>AR-BM-TRIPRA 2007-FORMS</i>		
<i>Project Name/Number:</i>	<i>AR-BM-TRIPRA 2007-FORMS/2008-00977</i>		

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 03/18/2008

Comments:
EXPEDITED TRANSMITTAL FORM

Attachment:
TRIA Expedited Filing Form.pdf

Satisfied -Name: COVER LETTER **Review Status:** Approved 03/18/2008

Comments:
COVER LETTER
Attachment:
2008-00977.trb.pdf

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

This page applies to the following state(s) Arkansas

Indicate Type of Filing
<input checked="" 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 #
Peerless Insurance Company	NH	111-24198	02-0177030
The Netherlands Insurance Company	NH	111-24171	02-0342937
America First Insurance Company	NH	111-12696	58-0953149
Peerless Indemnity Insurance Company	IL	111-18333	13-2919779

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Tammy Blake 62 Maple Avenue Keene, NH 03431	603-358-4520	603-352-9252	Tammy.blake@ Libertymutual.com

Filing information

Line of Insurance (see attachment)	Boiler & Machinery
Company Program Title (Marketing title) (if applicable)	Boiler & Machinery
Filing Type ** see note below	Form
This application is used with:	Boiler & Machinery
Effective Date Requested	04/01/08 nb & rb
Filing date	March 11, 2008
Company Tracking Number	2008-00977
Date filing approved in domiciliary state, if applicable	Pending

	<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	DISCLOSURE NOTICE	ST-ML-505 (01/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	ST-ML-506 (01/07)	AR-PC-06-021019
02	ISO Filing Designation #CL-2007-OTRP1				

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:

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 #
ABC Insurance Company	NY	0000-99999	99-1234567

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
John Doe (Form Filing) Regulatory Compliance ABC Insurance Co. 12345 Fifth Ave New York, NY 10234	501-555-5555	501-555-5551	John.doe@abcins.com

Filing information

Line of Insurance (see attachment)	Commercial General Liability
Company Program Title (Marketing title) (if applicable)	General Liability Program
Filing Type ** see note below	Form (Endorsement)
This application is used with:	(Insert policy form number to which the application attaches)
Effective Date Requested	01-01-07 (Enter your desired effective date)
Filing date	(Date Company sends filing)
Company Tracking Number	ABC-EP-2001-01 (Enter your filing tracking number, if applicable)
Date filing approved in domiciliary state, if applicable	Not approved yet. Filed on same date as this filing.

	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	Certified Loss Coverage Form	CG XX XX 12 02	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	List form number of previous terrorism exclusion	
02			<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.
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The insurer(s) submitting this filing certifies that it:

- Is compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state;
- Is compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Signature

Print Name:

Title:



**America First
Insurance™**

Member of Liberty Mutual Group

62 Maple Avenue
Keene, NH 03431
603-352-3221

March 10, 2008

Hon. Julie Benafield Bowman
Commissioner Of Insurance
Arkansas Insurance Department
1200 West Third St
Little Rock, AR 72201-1904

Attn: Mr. Bill Lacy, Director
Property and Casualty Division

RE: Boiler & Machinery
TRIPRA – Form Filing
ISO Filing Designation #CL-2007-OTRP1
PEERLESS INSURANCE COMPANY
NAIC #111-24198
THE NETHERLANDS INSURANCE COMPANY
NAIC #111-24171
AMERICA FIRST INSURANCE COMPANY
NAIC #111-11296
PEERLESS INDEMNITY INSURANCE COMPANY
NAIC #111-18333
Company Filing #2008-00977

Dear Mr. Lacy:

Effective April 1, 2008 for new and renewal business, we wish to file to adopt the above captioned ISO Filing Designation to be used with our Boiler & Machinery Program. We are making this filing to adopt the ISO Forms in response to The Terrorism Risk Insurance Program Reauthorization Act of 2007.

We also wish to file our revised Disclosure Notice, ST-ML-505 (01/08) which reflects the changes made due to The Terrorism Risk Insurance Program Reauthorization Act of 2007.

The adoption of the corresponding ISO Rules has been submitted under separate cover (our filing #2008-00976)

Enclosed, please find our revised Disclosure Notice, ST-ML-505 (01/08) along with the required filing forms and filing fees.

Questions regarding the above filing should be directed to me at 603-358-4520 or 800-826-6189 ext. 84520.

Sincerely,

Tammy R. Blake
Sr. Analyst Regulatory Filing AM
E-mail: tammy.blake@libertymutual.com