

SERFF Tracking Number: LBRM-125542919 State: Arkansas  
Filing Company: America First Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: 2008-00038  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess  
Product Name: Commercial Umbrella  
Project Name/Number: TRIPRA Filings/

## Filing at a Glance

Company: America First Insurance Company

Product Name: Commercial Umbrella

TOI: 17.0 Other Liability - Claims

Made/Occurrence

Sub-TOI: 17.0020 Commercial Umbrella & Excess

Filing Type: Form

SERFF Tr Num: LBRM-125542919 State: Arkansas

SERFF Status: Closed

Co Tr Num: 2008-00038

Co Status:

Author: Scott Edwards

Date Submitted: 03/13/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

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

Disposition Date: 03/14/2008

Disposition Status: Approved

Effective Date (New):

Effective Date (Renewal):

Effective Date Requested (New): 04/01/2008

Effective Date Requested (Renewal): 04/01/2008

State Filing Description:

## General Information

Project Name: TRIPRA Filings

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 03/14/2008

State Status Changed: 03/14/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Effective April 1, 2008 for new and renewal business, we wish to file our revised independent endorsements for our Commercial Umbrella Program. We are making this filing 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 we made to keep our companies in compliance with The Terrorism Risk Insurance Program Reauthorization Act of 2007. At this time we wish to withdraw Terrorism Form 14-205 (02/2004).

SERFF Tracking Number: LBRM-125542919 State: Arkansas  
 Filing Company: America First Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: 2008-00038  
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess  
 Product Name: Commercial Umbrella  
 Project Name/Number: TRIPRA Filings/

## Company and Contact

### Filing Contact Information

Scott Edwards, scottm.edwards@LibertyMutual.com  
 62 Maple Ave. (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  
 -----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50 per filing X 1 filing = \$50  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
America First Insurance Company	\$50.00	03/13/2008	18597406

SERFF Tracking Number: LBRM-125542919 State: Arkansas  
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 Product Name: Commercial Umbrella  
 Project Name/Number: TRIPRA Filings/

## Correspondence Summary

### Dispositions

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

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Expedited Filing Transmittal	Supporting Document	Scott Edwards	03/13/2008	03/13/2008

*SERFF Tracking Number:* LBRM-125542919      *State:* Arkansas  
*Filing Company:* America First Insurance Company      *State Tracking Number:* EFT \$50  
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*TOI:* 17.0 Other Liability - Claims Made/Occurrence      *Sub-TOI:* 17.0020 Commercial Umbrella & Excess  
*Product Name:* Commercial Umbrella  
*Project Name/Number:* TRIPRA Filings/

## **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: LBRM-125542919 State: Arkansas  
 Filing Company: America First Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: 2008-00038  
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 Product Name: Commercial Umbrella  
 Project Name/Number: TRIPRA Filings/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Approved	Yes
Supporting Document (revised)	Expedited Filing Transmittal	Approved	Yes
Supporting Document	Expedited Filing Transmittal	Approved	Yes
Form	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	Approved	Yes
Form	EXCLUSION OF CERTIFIED ACTS OF TERRORISM	Approved	Yes
Form	ARKANSAS CHANGES – EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF TERRORISM	Approved	Yes
Form	EXCLUSION OF CERTIFIED NUCLEAR, BIOLOGICAL, CHEMICAL OR RADIOLOGICAL ACTS OF TERRORISM; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	Approved	Yes
Form	TERRORISM INSURANCE PREMIUM DISCLOSURE AND OPPORTUNITY TO REJECT	Approved	Yes
Form	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	Approved	Yes

SERFF Tracking Number: LBRM-125542919 State: Arkansas  
Filing Company: America First Insurance Company State Tracking Number: EFT \$50  
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TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess  
Product Name: Commercial Umbrella  
Project Name/Number: TRIPRA Filings/

**Amendment Letter**

Amendment Date:

Submitted Date: 03/13/2008

**Comments:**

Please see our revised Expedited Filing Transmittal.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Expedited Filing Transmittal**

Comment:

TRIA Expedited Filing Form.pdf

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	14-200	01/08	Endorsement/Amendment/Conditions New		0.00	14-200 01 08.pdf
Approved	EXCLUSION OF CERTIFIED ACTS OF TERRORISM	14-203	01/08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 14-203 (02/04) Previous Filing #:		14-203 01 08.pdf
Approved	ARKANSAS CHANGES – EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF TERRORISM	14-206AR	01/08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 14-206AR (11/02) Previous Filing #:		14-206AR 01 08.pdf
Approved	EXCLUSION OF CERTIFIED NUCLEAR, BIOLOGICAL, CHEMICAL OR RADIOLOGICAL ACTS OF TERRORISM; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	17-302	01/08	Endorsement/Amendment/Conditions New		0.00	14-302 01 08.pdf
Approved	TERRORISM INSURANCE PREMIUM	ST-ML-505	01/08	Disclosure/ Notice Replaced	Replaced Form #:0.00 ST-ML-505 (01/07)		ST-ML-505 01 08.pdf

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 Product Name: Commercial Umbrella  
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DISCLOSURE  
 AND  
 OPPORTUNITY  
 TO REJECT

Previous Filing #:

Approved	CAP ON	14-200	01/08	Endorseme New	0.00	14-200 01
	LOSSES FROM			nt/Amendm		08.pdf
	CERTIFIED			ent/Condi		
	ACTS OF			ons		
	TERRORISM					



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL UMBRELLA LIABILITY COVERAGE PART**

If aggregate insured losses attributable to terrorist acts certified under the federal 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.

“Certified act of terrorism” means an 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, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a “certified act of terrorism” include the following:

1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is 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.

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **EXCLUSION OF CERTIFIED ACTS OF TERRORISM**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL UMBRELLA LIABILITY COVERAGE PART**

**A.** The following exclusion is added:

This insurance does not apply to:

**TERRORISM**

“Any injury or damage” arising, directly or indirectly, out of a “certified act of terrorism”.

**B.** The following definitions are added:

- 1.** For the purposes of this endorsement, “any injury or damage” means any injury or damage covered under this policy to which this endorsement is applicable, and includes but is not limited to “bodily injury”, “property damage”, “personal injury”, “advertising injury” or “personal and advertising injury” as may be defined in the policy.
- 2.** “Certified act of terrorism” means an 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, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a “certified act of terrorism” include the following:
  - a.** The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
  - b.** The act is a violent act or an act that is dangerous to human life, property or infrastructure and is 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.

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ARKANSAS CHANGES – EXCLUSION OF PUNITIVE DAMAGES  
RELATED TO A CERTIFIED ACT OF TERRORISM**

This endorsement modifies insurance provided under the following:

**COMMERCIAL UMBRELLA LIABILITY COVERAGE PART**

**A.** The following exclusion is added:

This insurance does not apply to:

**TERRORISM PUNITIVE DAMAGES**

Damages arising, directly or indirectly, out of a “certified act of terrorism” that are awarded as “punitive damages”.

**B.** The following definitions are added:

- 1.** “Certified act of terrorism” means an 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, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a “certified act of terrorism” include the following:
  - a.** The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
  - b.** The act is a violent act or an act that is dangerous to human life, property or infrastructure and is 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.
- 2.** “Punitive damages” means damages that may be imposed to punish a wrongdoer and to deter others from similar conduct.

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**EXCLUSION OF CERTIFIED NUCLEAR, BIOLOGICAL,  
CHEMICAL OR RADIOLOGICAL ACTS OF TERRORISM;  
CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM**

This endorsement modifies insurance provided under the following:

COMMERCIAL UMBRELLA LIABILITY COVERAGE PART

**A.** The following exclusion is added:

This insurance does not apply to:

**TERRORISM**

“Any injury or damage” arising, directly or indirectly, out of a “certified act of terrorism”. However, this exclusion applies only when one or more of the following are attributed to such act:

1. The terrorism involves the use, release or escape of nuclear materials, or directly or indirectly results in nuclear reaction or radiation or radioactive contamination; or
2. The terrorism is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
3. Pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the terrorism was to release such materials.

**B.** The following definitions are added:

1. For the purposes of this endorsement, “any injury or damage” means any injury or damage covered under this policy to which this endorsement is applicable, and includes but is not limited to “bodily injury”, “property damage”, “personal injury”, “advertising injury” or “personal and advertising injury” as may be defined in this policy.
2. “Certified act of terrorism” means an 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, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a “certified act of terrorism” include the following:
  - a. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
  - b. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is 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.

**C.** In the event of any incident of a “certified act of terrorism” that is not subject to this exclusion, coverage does not apply to any loss or damage that is otherwise excluded under this policy.

**D.** If aggregate insured losses attributable to terrorist acts certified under the federal 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.

**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.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL UMBRELLA LIABILITY COVERAGE PART**

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1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
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*SERFF Tracking Number:*      *LBRM-125542919*                      *State:*                      *Arkansas*  
*Filing Company:*              *America First Insurance Company*              *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *2008-00038*  
*TOI:*                      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*                      *17.0020 Commercial Umbrella & Excess*  
*Product Name:*              *Commercial Umbrella*  
*Project Name/Number:*      *TRIPRA Filings/*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: LBRM-125542919 State: Arkansas  
Filing Company: America First Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: 2008-00038  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess  
Product Name: Commercial Umbrella  
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## Supporting Document Schedules

**Satisfied -Name:** Cover Letter **Review Status:** Approved 03/14/2008  
**Comments:**  
**Attachment:**  
2008-00038.pdf

**Satisfied -Name:** Expedited Filing Transmittal **Review Status:** Approved 03/14/2008  
**Comments:**  
**Attachment:**  
TRIA Expedited Filing Form.pdf



**America First  
Insurance™**

Member of Liberty Mutual Group

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

March 13, 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: Commercial Umbrella  
Form Filing  
AMERICA FIRST INSURANCE COMPANY  
NAIC #: 111-12696  
**Company Filing #: 2008-00038**

Dear Mr. Lacy:

Effective April 1, 2008 for new and renewal business, we wish to file our revised independent endorsements for our Commercial Umbrella Program. We are making this filing 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 we made to keep our companies in compliance with The Terrorism Risk Insurance Program Reauthorization Act of 2007.

At this time we wish to withdraw Terrorism Form 14-205 (02/2004).

Enclosed, please find our revised independent endorsements and the Disclosure Notice along with the required filing forms and filing fees.

Questions regarding the enclosed filing should be directed to me at 603-354-9640 or 800-826-6189 ext. 49640.

Sincerely,

Scott M. Edwards  
Analyst, Regulatory Filing, AM  
e-mail:scottm.edwards@LibertyMutual.com  
Fax: (603)- 352-9252

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

**This page applies to the following state(s) Arkansas**

Indicate Type of Filing
X Filing Related to <i>Certified Losses</i>
☐ Filing Related to <i>Non-Certified Losses</i>
☐ 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
Montgomery Mutual Insurance Company	MD	111-14613	52-0424870

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Scott M Edwards 62 Maple Ave Keene NH, 03431	603-354-9640	603-352-9252	<a href="mailto:Scottm.edwards@libertymutual.com">Scottm.edwards@libertymutual.com</a>

**Filing information**

<b>Line of Insurance</b> (see attachment)	Commercial Umbrella
<b>Company Program Title</b> (Marketing title) (if applicable)	Commercial Umbrella
<b>Filing Type</b> ** see note below	Form
<b>This application is used with:</b>	Commercial Umbrella
<b>Effective Date Requested</b>	4/1/08nb 4/1/08rb
<b>Filing date</b>	3/13/08
<b>Company Tracking Number</b>	2008-00050
<b>Date filing approved in domiciliary state, if applicable</b>	

	<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	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	14-200 (01/08)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	EXCLUSION OF CERTIFIED ACTS OF TERRORISM	14-203 (01/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	14-203 (02/04)	
03	EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF TERRORISM	14-206 (01/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	14-206 (02/04)	
04	EXCLUSION OF CERTIFIED NUCLEAR, BIOLOGICAL, CHEMICAL OR RADIOLOGICAL ACTS OF TERRORISM; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	14-302 (01/08)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
05	TERRORISM INSURANCE PREMIUM DISCLOSURE AND OPPORTUNITY TO REJECT	ST-ML-505 (01/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	ST-ML-505 (01/07)	

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:

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

Scott Edwards  
Signature

Scott Edwards  
Print Name:

State Filings Analyst  
Title:

*SERFF Tracking Number:*      *LBRM-125542919*                      *State:*                      *Arkansas*  
*Filing Company:*              *America First Insurance Company*                      *State Tracking Number:*      *EFT \$50*  
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*TOI:*                      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*                      *17.0020 Commercial Umbrella & Excess*  
*Product Name:*                      *Commercial Umbrella*  
*Project Name/Number:*              *TRIPRA Filings/*

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Supporting Document	Expedited Filing Transmittal	03/13/2008	TRIA Expedited Filing Form.pdf

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

**This page applies to the following state(s) Utah**

Indicate Type of Filing
X Filing Related to <i>Certified Losses</i>
☐ Filing Related to <i>Non-Certified Losses</i>
☐ Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
America First Insurance Company	NH	111-12696	58-0953149

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Scott M Edwards 62 Maple Ave Keene NH, 03431	603-354-9640	603-352-9252	<a href="mailto:Scottm.edwards@libertymutual.com">Scottm.edwards@libertymutual.com</a>

**Filing information**

<b>Line of Insurance</b> (see attachment)	Commercial Umbrella
<b>Company Program Title</b> (Marketing title) (if applicable)	Commercial Umbrella
<b>Filing Type</b> ** see note below	Form
<b>This application is used with:</b>	Commercial Umbrella
<b>Effective Date Requested</b>	4/1/08nb 4/1/08rb
<b>Filing date</b>	3/13/08
<b>Company Tracking Number</b>	2008-00038
<b>Date filing approved in domiciliary state, if applicable</b>	

	<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	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	14-200 (01/08)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	EXCLUSION OF CERTIFIED ACTS OF TERRORISM	14-203 (01/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	14-203 (02/04)	
03	ARKANSAS CHANGES – EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF TERRORISM	14-206AR (01/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	14-206AR (11/02)	
04	EXCLUSION OF CERTIFIED NUCLEAR, BIOLOGICAL, CHEMICAL OR RADIOLOGICAL ACTS OF TERRORISM; CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	14-302 (01/08)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
05	TERRORISM INSURANCE PREMIUM DISCLOSURE AND OPPORTUNITY TO REJECT	ST-ML-505 (01/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	ST-ML-505 (01/07)	

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:

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

*Scott Edwards*  
\_\_\_\_\_  
Signature

Scott Edwards \_\_\_\_\_  
Print Name:

State Filings Analyst \_\_\_\_\_  
Title: