

SERFF Tracking Number: LMUG-125503193 State: Arkansas
First Filing Company: Liberty Insurance Corporation, ... State Tracking Number: EFT \$50
Company Tracking Number: LIMF-CW-006-08
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Commercial Inland Marine
Project Name/Number: LC Terrorism Risk Ins Prgm Reauthorization Act of 2007/LIMF-CW-006-08

Filing at a Glance

Companies: Liberty Insurance Corporation, Liberty Mutual Fire Insurance Company, Liberty Mutual Insurance Company, LM Insurance Corporation, The First Liberty Insurance Corporation

Product Name: Commercial Inland Marine SERFF Tr Num: LMUG-125503193 State: Arkansas
TOI: 09.0 Inland Marine SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 09.0005 Other Commercial Inland Marine Co Tr Num: LIMF-CW-006-08 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Jill Schroeder3 Disposition Date: 03/03/2008
Date Submitted: 02/22/2008 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New): 03/03/2008
Effective Date Requested (Renewal): On Approval Effective Date (Renewal): 03/03/2008

State Filing Description:

General Information

Project Name: LC Terrorism Risk Ins Prgm Reauthorization Act of 2007 Status of Filing in Domicile:
Project Number: LIMF-CW-006-08 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 03/03/2008
State Status Changed: 03/03/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
TERRORISM

COMMERCIAL INLAND MARINE

PROJECT #LIMF-CW-006-08

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INLAND MARINE: MOTOR TRUCK CARGO COVERAGE PART
INLAND MARINE: WAREHOUSEMEN'S LIABILITY COVERAGE PART

REVISED FORMS:

LC 21 46 12-07: EXCLUSION OF CERTIFIED ACTS OF TERRORISM

LC 21 50 12-07: CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

LC 32 89 12 07: ARKANSAS EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF TERRORISM

Liberty Mutual Insurance Company NAIC-0111-23043

Liberty Mutual Fire Insurance Company NAIC-0111-23035

LM Insurance Corporation NAIC-0111-33600

The First Liberty Insurance Corporation NAIC-0111-33588

Liberty Insurance Corporation NAIC-0111-42404

We are requesting an effective date of Upon Approval for new and renewal business.

We are submitting revised Liberty Mutual Commercial Inland Marine forms for your review and approval.

We are updating our Terrorism forms with respect to the Terrorism Risk Insurance Program Reauthorization Act of 2007.

Please see the applicable endorsements and Inventory for your review.

I look forward to your acknowledgement/approval of this filing request.

SERFF Tracking Number: LMUG-125503193 State: Arkansas
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Sincerely,

Jill Schroeder
State Filings Analyst
Liberty Mutual Group
PO Box 8089
Wausau WI 54402-8070
1-877-792-8728, Ext. 8922
Fax: 1-715-842-6828
Jill.schroeder@wausau.com
Enclosure

Company and Contact

Filing Contact Information

Jill Schroeder, State Filing Analyst
P.O. Box 8070
Wausau, WI 54402-8070
Jill.Schroeder@Wausau.com
(877) 792-8728 [Phone]
(715) 842-6828[FAX]

Filing Company Information

Liberty Insurance Corporation
PO BOX 8070
Wausau, WI 54402-8070
(877) 792-8728 ext. [Phone]
CoCode: 42404
Group Code: 111
Group Name:
FEIN Number: 03-0316876
State of Domicile: Illinois
Company Type:
State ID Number:

Liberty Mutual Fire Insurance Company
PO Box 8070
Wausau, WI 54402-8070
(877) 792-8728 ext. [Phone]
CoCode: 23035
Group Code: 111
Group Name:
FEIN Number: 04-1924000
State of Domicile: Wisconsin
Company Type:
State ID Number:

Liberty Mutual Insurance Company
CoCode: 23043
State of Domicile: Massachusetts

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PO Box 8070
Wausau, WI 54402-8070
(877) 792-8728 ext. [Phone]

Group Code: 111
Group Name:
FEIN Number: 04-1543470

Company Type:
State ID Number:

LM Insurance Corporation
PO Box 8070
Wausau, WI 54402-8070
(877) 792-8728 ext. [Phone]

CoCode: 33600
Group Code: 111
Group Name:
FEIN Number: 04-3058504

State of Domicile: Iowa
Company Type:
State ID Number:

The First Liberty Insurance Corporation
PO Box 8070
Wausau, WI 54402-8070
(877) 792-8728 ext. [Phone]

CoCode: 33588
Group Code: 111
Group Name:
FEIN Number: 04-3058503

State of Domicile: Iowa
Company Type:
State ID Number:

SERFF Tracking Number: LMUG-125503193 *State:* Arkansas
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Product Name: Commercial Inland Marine
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Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 form filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Insurance Corporation	\$50.00	02/22/2008	18115260
Liberty Mutual Fire Insurance Company	\$0.00	02/22/2008	
Liberty Mutual Insurance Company	\$0.00	02/22/2008	
LM Insurance Corporation	\$0.00	02/22/2008	
The First Liberty Insurance Corporation	\$0.00	02/22/2008	

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Correspondence Summary

Dispositions

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

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Disposition

Disposition Date: 03/03/2008
Effective Date (New): 03/03/2008
Effective Date (Renewal): 03/03/2008
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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Expedited form	Approved	Yes
Supporting Document	Inventory	Approved	Yes
Form	EXCLUSION OF CERTIFIED ACTS OF TERRORISM	Approved	Yes
Form	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	Approved	Yes
Form	ARKANSAS EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF TERRORISM	Approved	Yes

SERFF Tracking Number: LMUG-125503193 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	EXCLUSION OF CERTIFIED ACTS OF TERRORISM	LC 21 46	12 07	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Previous Filing #:		LC 21 46 12 07.pdf
Approved	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	LC 21 50	12 07	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Previous Filing #:		LC 21 50 12 07.pdf
Approved	ARKANSAS EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF TERRORISM	LC 32 89	12 07	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Previous Filing #:		LC 32 89.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following:

MOTOR TRUCK CARGO COVERAGE PART
WAREHOUSEMEN'S 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, damage or loss covered under any Coverage Part to which this endorsement is applicable, and includes but is not limited to "bodily injury", "property damage", "personal and advertising injury", "injury" or "environmental damage" as may be defined in any applicable Coverage Part.
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 federal Terrorism Risk Insurance Act sets forth the following criteria for a "certified act of terrorism":
 - 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.

This endorsement is executed by the

Premium \$

Effective Date

Expiration Date

For attachment to Policy No.

Audit Basis

Issued To


SECRETARY


PRESIDENT

Countersigned by

Authorized Representative

Issued

Sales Office and No.

End. Serial No.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ARKANSAS EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF TERRORISM

This endorsement modifies insurance provided under the following:

EXCESS COMMERCIAL GENERAL LIABILITY COVERAGE PART
MOTOR TRUCK CARGO COVERAGE PART
WAREHOUSEMEN'S 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.

This endorsement is executed by the

Premium \$

Effective Date

Expiration Date

For attachment to Policy No.

Audit Basis

Issued To


SECRETARY


PRESIDENT

Countersigned by

Authorized Representative

Issued

Sales Office and No.

End. Serial No.

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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 03/03/2008

Comments:

Attachments:

AR Trans Doc.pdf
Form Filing Schedule.pdf

Satisfied -Name: Expedited form **Review Status:** Approved 03/03/2008

Comments:

Attachment:

F215_Expedited Filing Transmittal Terrorism.pdf

Satisfied -Name: Inventory **Review Status:** Approved 03/03/2008

Comments:

Attachment:

Inventory.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3. Group Name	Group NAIC #
Liberty Mutual Group	111

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Liberty Mutual Insurance Company	MA	23043	04-1543470	20
Liberty Mutual Fire Insurance Company	WI	23035	04-1924000	48
LM Insurance Corporation	IA	33600	04-3058504	14
The First Liberty Insurance Corporation	IA	33588	04-3058503	14
Liberty Insurance Corporation	IL	42404	03-0316876	12

5. Company Tracking Number	LIMF-CW-006-08
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jill Schroeder PO BOX 8070 WAUSAU WI 54402-8070	State Filings Analyst	877-792-8728 Ext	715-842-6828	jill.schroeder@wausau.com
7. Signature of authorized filer					
8. Please print name of authorized filer			Jill Schroeder		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	09.0 Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	Commercial Inland Marine
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: Upon Approval Renewal: Upon Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # LIMF-CW-006-08

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

ARKANSAS

TERRORISM

COMMERCIAL INLAND MARINE

PROJECT #LIMF-CW-006-08

INLAND MARINE: MOTOR TRUCK CARGO COVERAGE PART
INLAND MARINE: WAREHOUSEMEN'S LIABILITY COVERAGE PART

REVISED FORMS:

LC 21 46 12-07: EXCLUSION OF CERTIFIED ACTS OF TERRORISM

LC 21 50 12-07: CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

LC 32 89 12 07: ARKANSAS EXCLUSION OF PUNITIVE DAMAGES RELATED TO A CERTIFIED ACT OF TERRORISM

Liberty Mutual Insurance Company	NAIC-0111-23043
Liberty Mutual Fire Insurance Company	NAIC-0111-23035
LM Insurance Corporation	NAIC-0111-33600
The First Liberty Insurance Corporation	NAIC-0111-33588
Liberty Insurance Corporation	NAIC-0111-42404

We are requesting an effective date of Upon Approval for new and renewal business.

We are submitting revised Liberty Mutual Commercial Inland Marine forms for your review and approval.

We are updating our Terrorism forms with respect to the Terrorism Risk Insurance Program Reauthorization Act of 2007.

Please see the applicable endorsements and Inventory for your review.

I look forward to your acknowledgement/approval of this filing request.

Sincerely,



Jill Schroeder
State Filings Analyst
Liberty Mutual Group
PO Box 8089
Wausau WI 54402-8070
1-877-792-8728, Ext. 8922
Fax: 1-715-842-6828
Jill.schroeder@wausau.com
Enclosure

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22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	LIMF-CW-006-08			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Exclusion of Certified Acts of Terrorism	LC 21 46 12 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	LC 21 46 01 06	
02	Cap on Losses from Certified Acts of Terrorism	LC 21 50 12 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	LC 21 50 01 06	
03	Arkansas Exclusion of Punitive Damages Related to a Certified Act of Terrorism	LC 32 89 12 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	LC 32 89 01 06	
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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

This page applies to the following state(s) _____

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 #
Liberty Mutual Insurance Company	MA	23043	04-1543470
Liberty Mutual Fire Insurance Company	WI	23035	04-1924000
LM Insurance Corporation	IA	33600	04-3058504
The First Liberty Insurance Corporation	IA	33588	04-3058503
Liberty Insurance Corporation	IL	42404	03-0316876

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Jill Schroeder PO Box 8070, Wausau WI 54402-9987	877-792-8728 Ext: 8922	715-842-6828	jill.schroeder@wausau.com

Filing information

Line of Insurance (see attachment)	09.0 Inland Marine
Company Program Title (Marketing title) (if applicable)	Commercial Inland Marine
Filing Type ** see note below	Forms
This application is used with:	
Effective Date Requested	Upon Approval
Filing date	02/22/2008
Company Tracking Number	LIMF-CW-006-08
Date filing approved in domiciliary state, if applicable	being filed at this time

	<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	Exclusion of Certified Acts of Terrorism	LC 21 46 12 07	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	LC 21 46 01 06	
02	Cap on Losses from Certified Acts of Terrorism	LC 21 50 12 07	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	LC 21 50 01 06	
03	Arkansas Exclusion of Punitive Damages Related to a Certified Act of Terrorism	LC 32 89 12 07	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	LC 32 89 01 06	

To be complete, a form 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.

Jill Schroeder
Signature

Jill Schroeder
Print Name:

State Filings Analyst
Title:

Inland Marine Terrorism Form Filing Inventory
File In: AR

Form Number	Form Name	New/Replace	Replaced Form #	Optional/Mandatory	Rating
LC 21 46 12 07	Exclusion of Certified Acts of Terrorism	Replace	LC 21 46 01 06	Optional	Premium neutral
LC 21 50 12 07	Cap on Losses from Certified Acts of Terrorism	Replace	LC 21 50 01 06	Optional	Premium neutral
LC 32 89 12 07	Arkansas Exclusion of Punitive Damages Related to a Certified Act of Terrorism	Replace	LC 32 89 01 06	Optional	Premium neutral