

SERFF Tracking Number: MNLM-125526646 State: Arkansas
Filing Company: Carolina Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: T-010108
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1022 Other
Product Name: Professional Liability - Terrorism Risk Insurance Program Reauthorization Act of 2007
Project Name/Number: Terrorism/2007 Revision

Filing at a Glance

Company: Carolina Casualty Insurance Company

Product Name: Professional Liability - Terrorism SERFF Tr Num: MNLM-125526646 State: Arkansas

Risk Insurance Program Reauthorization Act of 2007

TOI: 17.1 Other Liability - Claims Made Only

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.1022 Other

Co Tr Num: T-010108

State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Author: Beth Richards

Disposition Date: 03/11/2008

Date Submitted: 03/10/2008

Disposition Status: Accepted For Informational Purposes

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Terrorism

Status of Filing in Domicile: Authorized

Project Number: 2007 Revision

Domicile Status Comments: Approved 3/10/08

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/11/2008

State Status Changed: 03/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Monitor Liability Managers, Inc. is submitting the captioned filing, in accordance with its attached agreement with Carolina Casualty Insurance Company (CCIC), for informational purposes.

Carolina Casualty Insurance Company (CCIC) currently has on file with your Department its program(s) which were submitted in response to the Terrorism Risk Insurance Act of 2002 (TRIA) and TRIA Extension Act of 2005, and

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approved as follows:

Program Name Filing Number Approved
Employment Practices - T-010103 2/24/03
Management Liability - T-010106 3/3/06
Non-Profit Organization

In accordance with the requirements of the Terrorism Risk Insurance Reauthorization Act of 2007, we are submitting this filing which will reflect the amended provisions that were signed into law on December 26, 2007. This filing includes a revised disclosure notice, as well as the withdrawal of various exclusionary endorsements, disclosure notices, and rates, as they are no longer relevant.

As mandated by the provisions of the Terrorism Risk Insurance Reauthorization Act of 2007, and detailed in the enclosed Filing Memorandum, all applicants will receive disclosure notices describing the coverage provided under this extension of the terrorism risk insurance act. These notices will be issued at the time of quote, purchase, and renewal of policies.

Company and Contact

Filing Contact Information

Beth Richards, Senior Compliance Analyst brichards@monitorliability.com
2850 W. Golf Road (847) 806-6590 [Phone]
Rolling Meadows, IL 60008 (847) 806-6592[FAX]

Filing Company Information

Carolina Casualty Insurance Company CoCode: 10510 State of Domicile: Iowa
c/o Monitor Liability Managers Group Code: 98 Company Type:
2850 West Golf Road
Rolling Meadows, IL 60008 Group Name: W. R. Berkley Group State ID Number:
(847) 806-6590 ext. 570[Phone] FEIN Number: 59-0733942

Filing Fees

SERFF Tracking Number: MNLM-125526646 State: Arkansas
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Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: TRIA filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Carolina Casualty Insurance Company	\$50.00	03/10/2008	18474123

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Edith Roberts Informational Purposes		03/11/2008	03/11/2008

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Disposition

Disposition Date: 03/11/2008

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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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	Filing Authorization Letter	Accepted for Informational Purposes	Yes
Supporting Document	Filing Memorandum	Accepted for Informational Purposes	Yes
Supporting Document	Expedited Filing Transmittal	Accepted for Informational Purposes	Yes
Form	Policyholder Disclosure Notice of Terrorism Insurance Coverage	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 Information of Terrorism al PurposesInsurance Coverage	Policyholder Disclosure Notice	265	01-08	Disclosure/ Replaced Notice	Replaced Form #:0.00 263 (rev. 01-06) Previous Filing #:		265-TRIA Form 2008.pdf
Accepted for Information of Terrorism al PurposesInsurance Coverage	Policyholder Disclosure Notice	264	01-06	Disclosure/ Withdrawn Notice	Replaced Form #:0.00 Previous Filing #:		

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term “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—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and 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. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers’ liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$0.

Name of Insurer: _____
Policy Number: _____

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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: TRIA - Expedited Transmittal attached below
Comments:

Review Status:
Accepted for Informational Purposes 03/11/2008

Satisfied -Name: Filing Authorization Letter
Comments:
Attachment:
Authorization Letter 2008.pdf

Review Status:
Accepted for Informational Purposes 03/11/2008

Satisfied -Name: Filing Memorandum
Comments:
Attachment:
Filing Memo.pdf

Review Status:
Accepted for Informational Purposes 03/11/2008

Satisfied -Name: Expedited Filing Transmittal
Comments:
TRIA
Attachment:
TRIAExpeditedFilingForm BR.pdf

Review Status:
Accepted for Informational Purposes 03/11/2008



Filing Authorization Letter

January 2, 2008

RE: Carolina Casualty Insurance Company, NAIC 10510, FEIN 59-0733942
Filing Authorization: Monitor Liability Managers, Inc.

Dear Commissioner:

The purpose of this letter is to authorize Monitor Liability Managers, Inc. (“Monitor”) to submit filings for Professional Liability Insurance on behalf of Carolina Casualty Insurance Company.

By way of explanation, we would like to provide background as to the relationship between these two companies. Both Monitor Liability Managers, Inc. and Carolina Casualty Insurance Company are subsidiaries of the W.R. Berkley Corporation, an insurance holding company with insurance company subsidiaries operating throughout the United States. Monitor acts as an underwriting manager on behalf of certain insurance companies within the W.R. Berkley organization, including Carolina Casualty Insurance Company. Monitor has full underwriting and claims settlement authority and is responsible for Professional Liability Insurance product development.

An integral part of Monitor’s strategic marketing plan is to make all of its products available in the admitted market through Carolina Casualty Insurance Company. Carolina Casualty already has filings in place, in most states, for the Directors’ and Officers’ Program, the Lawyers’ Professional Liability Program, Excess Professional Liability, Management Liability, Employment Liability Practices and Non-Profit Organization Liability.

To facilitate and streamline current and future filing activities, Carolina Casualty Insurance Company is hereby extending authority to Monitor Liability Managers, Inc. to make Professional Liability filings on its behalf.

Any and all questions regarding Professional Liability submissions should be directed to:

Ms. Penelope Kilberry, CPCU, CPIW, AIS
Assistant Vice President
Regulatory Compliance
Monitor Liability Managers, Inc.
2850 West Golf Road, Suite 800
Rolling Meadows, IL 60008
847.806.6590, ext. 570

In addition to Penny Kilberry, Sandra L. Baggio, Senior Compliance Analyst, and Beth Richards, Senior Compliance Analyst, are authorized to submit filings on our behalf. Douglas J. Powers, CPCU, Assistant Secretary of Carolina Casualty Insurance Company will execute all documents requiring an officer's signature.

If you have questions regarding this authorization, please call Penny Kilberry at 1.800.446.2100, ext. 570, send an e-mail to pkilberry@monitorliability.com or write to Ms. Kilberry at 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008.

Sincerely,



Douglas J. Powers, CPCU
Assistant Secretary
Carolina Casualty Insurance Company
1.800.446.2100, ext. 508

CAROLINA CASUALTY INSURANCE COMPANY

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007 FILING MEMORANDUM

In accordance with the requirements of the Terrorism Risk Insurance Program Reauthorization Act of 2007 (the Act), and on behalf of Carolina Casualty Insurance Company, Monitor Liability Managers, Inc. is submitting a filing that will bring our current terrorism program into compliance with the new provisions of the Act. This filing will apply to all of our programs for which our existing terrorism program is on file.

This filing consists of one replacement disclosure notice – **Policyholder Disclosure Notice of Terrorism Insurance Coverage, 265 (01-08)**.

As mandated, all pertinent applicants will receive new disclosure notice form **265 (01-08)**, describing the coverage available under the extension of the terrorism risk insurance act. These notices will be issued at the time of quote, purchase and renewal of policies.

As we are now automatically providing the coverage under the Act at no charge to our insureds, we are simultaneously withdrawing all previously filed and approved terrorism exclusion endorsements, disclosure notices and the respective rating rules, as they are no longer relevant.

Please note that there will be no changes to our other rating rules, or to the other program exclusionary endorsements which are currently on file in your state.

**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 checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Carolina Casualty Insurance Company	Iowa	098-10510	59-0733942

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Beth Richards Monitor Liability Managers, Inc. 2850 West Golf Road, Suite 800 Rolling Meadows, IL 60008-4039	800-446-2100, x 568	847-806-6282	brichards @monitorliability.co m

Filing information

Line of Insurance (see attachment)	Commercial Other Liability - Professional Liability
Company Program Title (Marketing title) (if applicable)	Employment Practices Liability Program (EPL) Non-Profit Organization Liability Insurance Program (NP) Management Liability Insurance Program (ML)
Filing Type ** see note below	Rating Rule/Form
This application is used with:	EPL 24000/24200/24300/24360 NP 23200/23300 ML 26000/26300/26360
Effective Date Requested	4/1/08
Filing date	3/10/08
Company Tracking Number	T-010108
Date filing approved in domiciliary state, if applicable	Pending (submitted simultaneously)

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	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
All Programs					
1.	Policyholder Disclosure Notice Of Terrorism Insurance Coverage	265 (01-08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	263 (rev. 01-06) D	
2.	Policyholder Disclosure Notice Of Terrorism Insurance Coverage	264 (rev. 01-06) E	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
Employment Practices Liability Program					
3.	Addition to Section IV. Certified Acts of Terrorism Exclusion	CT 244900 (01-06)	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
4.	Addition to Section IV. Certified and Other Acts of Terrorism Exclusion	CT 244910 (01-06)	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
5.	EPL 24200 (02-02) Section 2.1 Terrorism Risk Insurance Premium Addendum	Page 1 of 1 (01-03)	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
Non-Profit Organization Liability Insurance Program					

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	<u>Form # or Rate Page</u> <u>Include edition date</u>	<u>Replacement</u> <u>Or withdrawn?</u>	<u>If replacement,</u> <u>give form # or rate</u> <u>page(s) it replaces</u>	<u>Previous State</u> <u>Filing Number,</u> <u>if required</u> <u>by state</u>
6.	Addition to Section IV. Certified Acts of Terrorism Exclusion	CT 234900 (09-06)	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
7.	Addition to Section IV. Certified and Other Acts of Terrorism Exclusion	CT 234910 (09-06)	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
8.	NP 23200 (05-99) Section 2.1 Terrorism Risk Insurance Premium Addendum	Page 1 of 1 (01-03)	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
Management Liability Insurance Program					
9.	Addition to Section IV. Certified Acts of Terrorism Exclusion	CT 264900 (12-05)	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10.	Addition to Section IV. Certified and Other Acts of Terrorism Exclusion	CT 264910 (12-05)	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
11.	ML 26000 (10-98) Section 2.1 Terrorism Risk Insurance Premium Addendum	Page 1 of 1 (01-03)	<input type="checkbox"/> Replacement <input checked="" 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.

Beth Richards

Beth Richards

Senior Compliance Analyst

Signature

Print Name:

Title: