

SERFF Tracking Number: NTAC-125549549 State: Arkansas  
Filing Company: National American Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: NAIC-IL-AR-2008-01-F  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Commercial Interline  
Project Name/Number: Terrorism Disclosure/NAIC-IL-AR-2008-01-F

## Filing at a Glance

Company: National American Insurance Company

Product Name: Commercial Interline

SERFF Tr Num: NTAC-125549549 State: Arkansas

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 35.0002 Commercial Interline Filings

Co Tr Num: NAIC-IL-AR-2008-01-F

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: Jennifer Carr

Disposition Date: 03/21/2008

Date Submitted: 03/17/2008

Disposition Status: Approved

Effective Date Requested (New): 03/31/2008

Effective Date (New): 03/31/2008

Effective Date Requested (Renewal): 03/31/2008

Effective Date (Renewal):

03/31/2008

State Filing Description:

## General Information

Project Name: Terrorism Disclosure

Status of Filing in Domicile: Pending

Project Number: NAIC-IL-AR-2008-01-F

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 03/21/2008

State Status Changed: 03/21/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

National American Insurance Company submits for informational purposes, the enclosed terrorism policyholder disclosure notices. We are also withdrawing previously approved disclosure notices that will no longer be used. The disclosures were amended to comply with the terms of the Terrorism Risk Insurance Program Reauthorization Act of 2007. Refer to the enclosed filing memorandum for additional information.

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 Project Name/Number: Terrorism Disclosure/NAIC-IL-AR-2008-01-F

## Company and Contact

### Filing Contact Information

Jennifer Carr, Rate and Form Analyst jcarr@naico.com  
 1010 Manvel Avenue (800) 822-7802 [Phone]  
 Chandler, OK 74834 (405) 258-4520[FAX]

### Filing Company Information

National American Insurance Company CoCode: 23663 State of Domicile: Oklahoma  
 1010 Manvel Avenue Group Code: Company Type: Property &  
 Chandler, OK 74834 Group Name: None Casualty  
 (800) 822-7802 ext. 4486[Phone] FEIN Number: 47-0247300  
 State ID Number:  
 -----

## Filing Fees

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

| COMPANY                             | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|-------------------------------------|---------|----------------|---------------|
| National American Insurance Company | \$50.00 | 03/17/2008     | 18708161      |

SERFF Tracking Number: NTAC-125549549 State: Arkansas  
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## Correspondence Summary

### Dispositions

| Status   | Created By       | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 03/21/2008 | 03/21/2008     |

SERFF Tracking Number: NTAC-125549549 State: Arkansas  
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## Disposition

Disposition Date: 03/21/2008

Effective Date (New): 03/31/2008

Effective Date (Renewal): 03/31/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NTAC-125549549 State: Arkansas  
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| <b>Item Type</b>           | <b>Item Name</b>                                      | <b>Item Status</b> | <b>Public Access</b> |
|----------------------------|---|--------------------|----------------------|
| <b>Supporting Document</b> | Uniform Transmittal Document-Property & Casualty      | Approved           | Yes                  |
| <b>Supporting Document</b> | Expedited Filing Transmittal                          | Approved           | Yes                  |
| <b>Supporting Document</b> | Filing Memorandum                                     | Approved           | Yes                  |
| <b>Form</b>                | Policyholder Disclosure Notice of Terrorism Coverage  | Approved           | Yes                  |
| <b>Form</b>                | Policyholder Disclosre - Offer of Terrorism Coverage  | Approved           | Yes                  |
| <b>Form</b>                | Policyholder Disclosure - Offer of Terrorism Coverage | Approved           | Yes                  |
| <b>Form</b>                | Policyholder Notice                                   | Approved           | Yes                  |
| <b>Form</b>                | Policyholder 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      | Policyholder Disclosure Notice of Terrorism Coverage  | PN-TER2   | 1/08         | Declaration New s/Schedule  |  | 0.00        | PN-TER2 1-08.pdf  |
| Approved      | Policyholder Disclosre - Offer of Terrorism Coverage  | PN-TER3   | 1/08         | Disclosure/ Replaced Notice | Replaced Form #:0.00<br>NOTICE 5<br>(11/02)<br>Previous Filing #:<br>N/A |             | PN-TER3 1-08.pdf  |
| Approved      | Policyholder Disclosure - Offer of Terrorism Coverage | PN-TER5   | 1/08         | Disclosure/ Replaced Notice | Replaced Form #:0.00<br>NOTICE 9<br>(11/02)<br>Previous Filing #:<br>N/A |             | PN-TER5 1-08.pdf  |
| Approved      | Policyholder Notice                                   | TERLTR0 1 | 1/08         | Disclosure/ New Notice      |  | 0.00        | TERLTR01 1-08.pdf |
| Approved      | Policyholder Notice                                   | TERLTR0 2 | 1/08         | Disclosure/ New Notice      |  | 0.00        | TERLTR02 1-08.pdf |

# NATIONAL AMERICAN INSURANCE COMPANY

***Re: Inforce Business***  
**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.

Name of Insurer: \_\_\_\_\_

First Named Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_

Date of Mailing: \_\_\_\_\_

# NATIONAL AMERICAN INSURANCE COMPANY

*Re: New and Renewal Business*  
**POLICYHOLDER DISCLOSURE**  
**NOTICE - OFFER OF TERRORISM COVERAGE**  
**NOTICE - DISCLOSURE OF PREMIUM**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. 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 PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT 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 IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

See the section of this Notice titled DISCLOSURE OF PREMIUM. If you choose to accept this offer of coverage, your premium will include the additional premium for terrorism as stated in such DISCLOSURE.

Failure to pay the premium by the due date will constitute rejection of the offer and your policy will be written to exclude the described coverage.

**PLEASE NOTE: COMMERCIAL AUTO, BURGLARY AND THEFT, SURETY, PROFESSIONAL LIABILITY AND FARM OWNERS MULTI-PERIL COVERAGES ARE NOT INCLUDED IN THE TERRORISM RISK INSURANCE ACT, AS AMENDED; NOR ANY OF THESE LINES OF BUSINESS OR COVERAGES CONTAINED IN AN UMBRELLA OR EXCESS POLICY. ANY OFFER OF TERRORISM COVERAGE DOES NOT APPLY TO THESE LINES OF BUSINESS.**

You may choose to accept or reject the offer by signing the below statement and returning it to us, and your policy will be written accordingly.

**Acceptance or Rejection of Terrorism Insurance Coverage**

| DISCLOSURE OF PREMIUM    |  |
|--------------------------|--|
| <input type="checkbox"/> | I hereby elect to purchase terrorism coverage for a prospective premium of \$_____.  |
| <input type="checkbox"/> | I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism and an <b>exclusion</b> of certain terrorism losses will be made part of this policy. |

\_\_\_\_\_  
First Named Insured

National American Insurance Company  
Insurance Company

\_\_\_\_\_  
Policyholder / Applicant's Signature

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Effective Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Quote Number

\_\_\_\_\_  
Date of Mailing

# NATIONAL AMERICAN INSURANCE COMPANY

*Re: New and Renewal Business*

## POLICYHOLDER DISCLOSURE

### NOTICE - OFFER OF TERRORISM COVERAGE

#### NOTICE - DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. 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 PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT 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 IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

See the section of this Notice titled DISCLOSURE OF PREMIUM. If you choose to accept this offer of coverage, your premium will include the additional premium for terrorism as stated in such DISCLOSURE. Failure to pay the premium by the due date will constitute rejection of the offer and your policy will be written to exclude the described coverage.

Your policy contains property coverage for locations in more than one state. In certain states, the terrorism exclusion makes an exception for (and thereby continues your coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism in these states. The coverage in your policy for such fire losses will continue. The additional premium just for such fire coverage is stated in the DISCLOSURE OF PREMIUM. If you reject the offer described above for terrorism coverage, this premium will be due.

**STANDARD FIRE POLICY STATES:** CALIFORNIA, GEORGIA, ILLINOIS, IOWA, MISSOURI, NEW YORK, NORTH CAROLINA, OREGON, RHODE ISLAND, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN

**PLEASE NOTE: COMMERCIAL AUTO, BURGLARY AND THEFT, SURETY, PROFESSIONAL LIABILITY AND FARM OWNERS MULTI-PERIL COVERAGES ARE NOT INCLUDED IN THE TERRORISM RISK INSURANCE ACT, AS AMENDED; NOR ANY OF THESE LINES OF BUSINESS OR COVERAGES CONTAINED IN AN UMBRELLA OR EXCESS POLICY. ANY OFFER OF TERRORISM COVERAGE DOES NOT APPLY TO THESE LINES OF BUSINESS.**

You may choose to accept or reject the offer by signing the below statement and returning it to us, and your policy will be written accordingly.

#### Acceptance or Rejection of Terrorism Insurance Coverage

| DISCLOSURE OF PREMIUM    |  |
|--------------------------|--|
| <input type="checkbox"/> | I hereby elect to purchase terrorism coverage for a prospective premium of \$ _____.   |
| <input type="checkbox"/> | I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism and an <b>exclusion</b> of certain terrorism losses will be made part of this policy. The premium for terrorism (fire only) as described above is \$ _____. |

\_\_\_\_\_  
First Named Insured

\_\_\_\_\_  
Policyholder / Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Mailing

\_\_\_\_\_  
National American Insurance Company  
Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Policy Effective Date

\_\_\_\_\_  
Quote Number

# NATIONAL AMERICAN INSURANCE COMPANY

## POLICYHOLDER NOTICE

### **This policy contains coverage for certified acts of terrorism.**

The Terrorism Risk Insurance Act, as amended in 2007, establishes a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. The Act applies when the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States, certifies that an event meets the definition of an act of terrorism. The Act provides that, to be certified, an act of terrorism must result in insured losses in excess of five million dollars in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and 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. The federal share equals 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.

In accordance with the Terrorism Risk Insurance Act, as amended, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program. This offer was previously provided to you in an Offer of Terrorism Coverage and Disclosure of Premium. You were quoted \$\_\_\_\_\_ as the premium for this coverage.

We were advised to issue this policy with coverage for certified acts of terrorism.

**PLEASE NOTE: COMMERCIAL AUTO, BURGLARY AND THEFT, SURETY, PROFESSIONAL LIABILITY AND FARM OWNERS MULTI-PERIL COVERAGES ARE NOT INCLUDED IN THE TERRORISM RISK INSURANCE ACT, AS AMENDED; NOR ANY OF THESE LINES OF BUSINESS OR COVERAGES CONTAINED IN AN UMBRELLA OR EXCESS POLICY. ANY OFFER OF TERRORISM COVERAGE DOES NOT APPLY TO THESE LINES OF BUSINESS.**

# NATIONAL AMERICAN INSURANCE COMPANY

## POLICYHOLDER NOTICE

**This policy does not contain coverage for certified acts of terrorism.**

The Terrorism Risk Insurance Act, as amended in 2007, establishes a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. The Act applies when the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States, certifies that an event meets the definition of an act of terrorism. The Act provides that, to be certified, an act of terrorism must result in insured losses in excess of five million dollars in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and 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. The federal share equals 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.

In accordance with the Terrorism Risk Insurance Act, as amended, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program. This offer was previously provided to you in an Offer of Terrorism Coverage and Disclosure of Premium. You were quoted \$\_\_\_\_\_ as the premium for this coverage.

We were advised to issue this policy without coverage for certified acts of terrorism.

**PLEASE NOTE: COMMERCIAL AUTO, BURGLARY AND THEFT, SURETY, PROFESSIONAL LIABILITY AND FARM OWNERS MULTI-PERIL COVERAGES ARE NOT INCLUDED IN THE TERRORISM RISK INSURANCE ACT, AS AMENDED; NOR ANY OF THESE LINES OF BUSINESS OR COVERAGES CONTAINED IN AN UMBRELLA OR EXCESS POLICY. ANY OFFER OF TERRORISM COVERAGE DOES NOT APPLY TO THESE LINES OF BUSINESS.**

*SERFF Tracking Number:*      *NTAC-125549549*                      *State:*                      *Arkansas*  
*Filing Company:*              *National American Insurance Company*              *State Tracking Number:*              *EFT \$50*  
*Company Tracking Number:*      *NAIC-IL-AR-2008-01-F*  
*TOI:*                      *35.0 Interline Filings*                      *Sub-TOI:*                      *35.0002 Commercial Interline Filings*  
*Product Name:*                      *Commercial Interline*  
*Project Name/Number:*              *Terrorism Disclosure/NAIC-IL-AR-2008-01-F*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: NTAC-125549549 State: Arkansas  
Filing Company: National American Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: NAIC-IL-AR-2008-01-F  
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Product Name: Commercial Interline  
Project Name/Number: Terrorism Disclosure/NAIC-IL-AR-2008-01-F

## Supporting Document Schedules

**Bypassed -Name:** Uniform Transmittal Document-  
Property & Casualty  
**Bypass Reason:** NOT APPLICABLE  
**Comments:**

**Review Status:**  
Approved 03/21/2008

**Satisfied -Name:** Expedited Filing Transmittal  
**Comments:**  
**Attachment:**  
Expedited Filing Transmittal- IL TERR.pdf

**Review Status:**  
Approved 03/21/2008

**Satisfied -Name:** Filing Memorandum  
**Comments:**  
**Attachment:**  
Filing Memorandum - Terrorism Disclosures.pdf

**Review Status:**  
Approved 03/21/2008

**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 # |
|-----------------|----------|--------|--------|
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|                 |          |        |        |
|                 |          |        |        |

**Contact Info for Filer**

| Name and address of Filer(s) | Telephone # | FAX # | e-mail |
|------------------------------|-------------|-------|--------|
|                              |             |       |        |

**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> |  |

|    | <u>Component/Form Name /Description/Synopsis</u> | <b>Form # or Rate Page Include edition date</b> | <b>Replacement Or withdrawn?</b>   | <b>If replacement, give form # or rate page(s) it replaces</b> | <b>Previous State Filing Number, if required by state</b> |
|----|--|---|--|--|---|
| 01 |  |   | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither |  |   |
| 02 |  |   | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither |  |   |
| 03 |  |   | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither |  |   |
| 04 |  |   | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither |  |   |
| 05 |  |   | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither |  |   |

|    |  |  |  |  |  |
|----|--|--|--|--|--|
| 06 |  |  | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither |  |  |
| 07 |  |  | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither |  |  |
| 08 |  |  | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither |  |  |
| 09 |  |  | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither |  |  |
| 10 |  |  | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><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.

\_\_\_\_\_  
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)<br>Regulatory Compliance<br>ABC Insurance Co.<br>12345 Fifth Ave<br>New York, NY 10234 | 501-555-5555 | 501-555-5551 | John.doe@abcins.com |

Filing information

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

|    | <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 | Certified Loss Coverage Form                     | CG XX XX 12 02                                  | <input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither | List form number of previous terrorism exclusion               |   |
| 02 |  |   | <input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><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 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:

**NATIONAL AMERICAN INSURANCE COMPANY  
FILING MEMORANDUM**

National American Insurance Company submits for informational purposes, the enclosed new and revised terrorism disclosure notices. The disclosures were amended to comply with the terms of the Terrorism Risk Insurance Program Reauthorization Act of 2007. We are withdrawing previously filed disclosures that are no longer applicable.

| <b>New Form #</b>      | <b>Replaced Form #</b> | <b>Title</b>   | <b>Description</b>  |
|------------------------|------------------------|--|---|
| PN-TER2 (1/08)         | New                    | Policyholder Disclosure Notice of Terrorism Insurance Coverage   | Notice for In-force policies with terrorism coverage, advising of changes related to Terrorism Risk Insurance Program Reauthorization Act of 2007 |
| PN-TER3 (1/08)         | NOTICE5 (11/02)        | Policyholder Disclosure Notice Offer of Terrorism Coverage       | Election/Rejection form for Non-SFP States  |
| PN-TER5 (1/08)         | NOTICE9 (11/02)        | Policyholder Disclosure Notice Offer of Terrorism Coverage       | Election/Rejection form for Multi-State policies  |
| TERLTR01 (1/08)        | New                    | Policyholder Notice  | Supplemental notice sent to insured to advise them the policy will be issued with terrorism coverage. This notice will not attach to policy.      |
| TERLTR02 (1/08)        | New                    | Policyholder Notice  | Supplemental notice sent to insured to advise them the policy will be issued without terrorism coverage. This notice will not attach to policy.   |
| <b>WITHDRAWN FORMS</b> |                        |  |   |
| NOTICE 2 (11/02)       | WITHDRAWN              | Policyholder Disclosure - Notice of Terrorism Insurance Coverage |   |
| NOTICE 7 (11/02)       | WITHDRAWN              | Policyholder Disclosure - Notice of Terrorism Insurance Coverage |   |
| NOTICE 8 (11/02)       | WITHDRAWN              | Policyholder Disclosure - Notice of Terrorism Insurance Coverage |   |
| NOTICE 11 (11/02)      | WITHDRAWN              | Policyholder Disclosure - Notice of Terrorism Insurance Coverage |   |