

SERFF Tracking Number: NWCM-125579103 State: Arkansas  
Filing Company: Nationwide Mutual Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: P-2008JAKE-7CQM28  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess  
Product Name: Commercial Umbrella  
Project Name/Number: Independent Filing of the Commercial Umbrella 2008 Tria Revision/P-2008JAKE-7CQM28

## Filing at a Glance

Company: Nationwide Mutual Insurance Company

Product Name: Commercial Umbrella SERFF Tr Num: NWCM-125579103 State: Arkansas

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50  
Made/Occurrence

Sub-TOI: 17.0020 Commercial Umbrella & Excess Co Tr Num: P-2008JAKE-7CQM28 State Status: Fees verified and received

Filing Type: Form Co Status: Pending - Submitted Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Janis Labarre Disposition Date: 03/28/2008

Date Submitted: 03/26/2008 Disposition Status: Approved

Effective Date Requested (New): 05/22/2008 Effective Date (New):

Effective Date Requested (Renewal): 05/22/2008 Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Independent Filing of the Commercial Umbrella 2008 Tria Revision Status of Filing in Domicile: Authorized

Project Number: P-2008JAKE-7CQM28 Domicile Status Comments:

Reference Organization: Reference Number:

Reference Title: Advisory Org. Circular:

Filing Status Changed: 03/28/2008

State Status Changed: 03/28/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Independent Filing of the Commercial Umbrella 2008 Tria Revision

Cas. 6233 01-08) Cap on Losses from Certified Acts of Terrorism

IL 09 85 01-08 Disclosure Pursuant to Terrorism Risk Insurance Act

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## Company and Contact

### Filing Contact Information

Janis La Barre, State Filing Specialist labarrj@nationwide.com  
 One Nationwide Plaza (614) 249-8739 [Phone]  
 Columbus, OH 43215 (614) 249-3922[FAX]

### Filing Company Information

Nationwide Mutual Insurance Company CoCode: 23787 State of Domicile: Ohio  
 One Nationwide Plaza Group Code: 140 Company Type: Property & Casualty

1-17-02  
 Columbus, OH 43215 Group Name: State ID Number:  
 (614) 249-2271 ext. [Phone] FEIN Number: 31-4177100  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Mutual Insurance Company	\$50.00	03/26/2008	18982109

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	03/28/2008	03/28/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	Form	Janis Labarre	03/27/2008	03/27/2008
Filing Memorandum	Supporting Document	Janis Labarre	03/27/2008	03/27/2008

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## Disposition

Disposition Date: 03/28/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Filing Memorandum	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Supporting Document	Expedited Filing Transmittal Document	Approved	Yes
Form (revised)	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	Approved	Yes
Form	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	Approved	Yes
Form	Disclosure Pursuant To Terrorism Risk Insurance Act	Approved	Yes

SERFF Tracking Number: NWCM-125579103 State: Arkansas  
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**Amendment Letter**

Amendment Date:  
 Submitted Date: 03/27/2008

**Comments:**

We wish to revise our Filing Memorandum to correct the edition dates on the endorsements we had listed.

**Changed Items:**

**Form Schedule Item Changes:**

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	Cas. 6233 (1-08)	01-08	Endorsement/Amendment/Conditions	Replaced	Cas. 6233 (1-07)		0	Cas6233_108.pdf

**Supporting Document Schedule Item Changes:**

**User Added -Name: Filing Memorandum**

Comment:  
 Umbrella Terrorism Mem 1-08..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	Cas. 6233 (1-08)	01-08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 Cas. 6233 (1-07) Previous Filing #:		Cas6233_108.pdf
Approved	Disclosure Pursuant To Terrorism Risk Insurance Act	IL 09 85 01 08	01-08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 IL 09 85 01 06 Previous Filing #:		IL 0985_1-08.pdf

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM**

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This endorsement modifies insurance provided under the following:

COMMERCIAL UMBRELLA LIABILITY POLICY

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.

**THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.**

## **DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT**

### **SCHEDULE**

**Terrorism Premium (Certified Acts) \$ 0**

**This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(s): Not applicable**

**Additional information, if any, concerning the terrorism premium: Not applicable**

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

#### **A. Disclosure Of Premium**

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

#### **B. Disclosure Of Federal Participation In Payment Of Terrorism Losses**

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

#### **C. Cap On Insurer Participation In Payment Of Terrorism Losses**

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

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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Filing Memorandum **Review Status:** Approved 03/28/2008  
**Comments:**  
**Attachment:**  
Umbrella Terrorism Mem 1-08..pdf

**Satisfied -Name:** Expedited Filing Transmittal Document **Review Status:** Approved 03/28/2008  
**Comments:**  
**Attachment:**  
F215\_011608.pdf

NATIONWIDE MUTUAL INSURANCE COMPANY

FILING MEMORANDUM

COMMERCIAL UMBRELLA

TERRORISM ENDORSEMENTS

We are seeking approval of terrorism endorsements to use with our independent commercial umbrella. These endorsements are based on the endorsements filed by ISO in CL-2007-OTRL1.

We are filing Cas. 6233 (1-08) which is a replacement for Cas. 6233 (11-02). The language in this endorsement is based on the language in ISO's CU 21 30 1 08.

We are filing ISO's IL 09 85 01 08 with preprinted language indicating that we are not making a charge for terrorism coverage.

Copies of the following endorsements are included with this filing:

Cas. 6233 (01-08)	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM.
IL 09 85 01 08	Disclosure Pursuant To Terrorism Risk Insurance Act

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

This page applies to the following state(s) Arkansas

Indicate Type of Filing
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Nationwide Mutual Insurance Company	Ohio	140-23787	31-4177100

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
One Nationwide Plaza, Columbus, OH 43215	614-249-8739	614-249-3922	labarrj@nationwide.com

**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>	05-22-0008
<b>Filing date</b>	03-26-0008
<b>Company Tracking Number</b>	P-2008JAKE-7CQM28
<b>Date filing approved in domiciliary state, if applicable</b>	03-07-2008

	<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	Cas. 6233 (1-08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	Cas. 6233 (11-02)	
02	Disclosure Pursuant To Terrorism Risk Insurance Act	IL 09 85 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	IL 09 85 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.

*Janis A. La Barre*

Janis A La Barre

State Filing Specialist

Signature

Print Name:

Title:



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## 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.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	03/26/2008	Cas6233_108.pdf
No original date	Supporting Document	Filing Memorandum	03/26/2008	Umbrella Terrorism Mem 1- 08..pdf

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