

SERFF Tracking Number: PENN-125533073 State: Arkansas
Filing Company: Diamond State Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: DS-2008-CL-F-077
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Commercial Interlines
Project Name/Number: TRIPRA ACT OF 2007/DS-2008-CL-F-077

Filing at a Glance

Company: Diamond State Insurance Company

Product Name: Commercial Interlines

TOI: 35.0 Interline Filings

Sub-TOI: 35.0002 Commercial Interline Filings

Filing Type: Form

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

SERFF Tr Num: PENN-125533073

SERFF Status: Closed

Co Tr Num: DS-2008-CL-F-077

Co Status:

Author: Kathleen Reed

Date Submitted: 03/10/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

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

Disposition Date: 03/17/2008

Disposition Status: Approved

Effective Date (New): 03/17/2008

Effective Date (Renewal): 03/17/2008

State Filing Description:

General Information

Project Name: TRIPRA ACT OF 2007

Project Number: DS-2008-CL-F-077

Reference Organization:

Reference Title:

Filing Status Changed: 03/17/2008

State Status Changed: 03/17/2008

Corresponding Filing Tracking Number:

Filing Description:

Diamond State Insurance Company is submitting its forms to comply with The Federal Terrorism Risk Insurance Program Reauthorization Act Of 2007.

These forms are being submitted on an informational basis.

You will find the following forms below:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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NAA-124 (12/2007), Disclosure Notice Of Terrorism Insurance Coverage.

NAA-143 (12/2007), Disclosure Pursuant To Terrorism Risk Insurance Act Schedule*.

Company and Contact

Filing Contact Information

Kathleen Reed, State Filings Analyst kreed@unitednat.com
 Three Bala Plaza, East (610) 660-5430 [Phone]
 Bala Cynwyd, PA 19004 (610) 668-3399[FAX]

Filing Company Information

Diamond State Insurance Company CoCode: 42048 State of Domicile: Indiana
 Three Bala Plaza, East Group Code: 920 Company Type:
 Suite 300
 Bala Cynwyd, PA 19004 Group Name: State ID Number:
 (610) 660-6825 ext. [Phone] FEIN Number: 51-0257823

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Diamond State Insurance Company	\$50.00	03/10/2008	18471524

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/17/2008	03/17/2008

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Disposition

Disposition Date: 03/17/2008

Effective Date (New): 03/17/2008

Effective Date (Renewal): 03/17/2008

Status: Approved

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	Approved	Yes
Supporting Document	Commercial Interline - The Federal Terrorism Risk Insurance Program Reauthorization Act Of 2007 - Arkansas - Forms Filing - Filing Number: DS-2008-CL-F-077	Approved	Yes
Form	Disclosure Notice Of Terrorism Insurance Coverage	Approved	Yes
Form	Disclosure Pursuant To Terrorism Risk Insurance Act	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Disclosure Notice Of Terrorism Insurance Coverage	NAA-124	(12/2007)	Disclosure/ New Notice		0.00	Disclosure Notice NAA-124 _12-2007_.pdf
Approved	Disclosure Pursuant To Terrorism Risk Insurance Act	NAA-143	(12/2007)	Disclosure/ Replaced Notice	Replaced Form #: NAA-143 (1/2006) Previous Filing #: 06-1CF-015	0.00	Disclosure Pursuant NAA-143 _12-2007_.pdf

DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the federal Terrorism Risk Insurance Act, as amended (“the Act”), you have a right to purchase insurance coverage for losses arising out of 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 an air carrier or vessel 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. 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 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.

COVERAGE FOR “INSURED LOSSES” AS DEFINED IN THE ACT IS SUBJECT TO THE COVERAGE TERMS, CONDITIONS, AMOUNTS AND LIMITS IN THIS POLICY APPLICABLE TO LOSSES ARISING FROM EVENTS OTHER THAN ACTS OF TERRORISM.

YOU SHOULD KNOW THAT UNDER FEDERAL LAW, YOU ARE NOT REQUIRED TO PURCHASE COVERAGE FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM.

The Act provides that a separate premium is to be charged for insurance for an “act of terrorism” covered by the Act.

Should you choose to purchase coverage for an “act of terrorism”, as defined in the Act, you must pay a premium of \$_____.

Note: If you do not pay the premium as noted above, you will not have Terrorism Coverage under this policy, as defined in the Act.

Name of Insurance Company: _____

Name of Applicant: _____

Policy Number (if applicable): _____

Policy Period (if applicable): _____

THIS NOTICE is attached to and made part of your policy in RESPONSE TO the disclosure requirements of the Terrorism Risk Insurance Act. This notice 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) \$

This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(s):

Additional Information, if any, concerning the terrorism premium:

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

A. Disclosure Of Premium

In accordance with the 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 notice 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 will 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 will 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

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Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-
Property & Casualty
Bypass Reason: Requirement does not apply.
Comments:

Review Status:
Approved 03/17/2008

Satisfied -Name: Commercial Interline - The Federal
Terrorism Risk Insurance Program
Reauthorization Act Of 2007 -
Arkansas - Forms Filing - Filing
Number: DS-2008-CL-F-077

Review Status:
Approved 03/17/2008

Comments:

Attachment:

VERMONT - EXPED.TRANS FORM - TERR. EXCLUSION.pdf

**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 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 #
DIAMOND STATE INSURANCE COMPANY	INDIANA	920-42048	51-0257823

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
KATHLEEN REED THREE BALA PLAZA, EAST - SUITE 300 BALA CYNWYD, PENNSYLVANIA 19004	610-660-5430	610-668-3399	KREED@UNITEDN AT.COM

Filing information

Line of Insurance (see attachment)	35.0002 – COMMERCIAL INTERLINE
Company Program Title (Marketing title) (if applicable)	TRIPRA OF 2007
Filing Type ** see note below	FORMS (ENDORSEMENTS)
This application is used with:	
Effective Date Requested	UPON APPROVAL
Filing date	MARCH 12, 2008
Company Tracking Number	DS-2008-CL-F-077
Date filing approved in domiciliary state, if applicable	THIS FILING IS PENDING.

	<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	DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE	NAA-124 (12/2007)	Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither	NOT APPLICABLE	NOT APPLICABLE
02	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT	NAA-143 (12/2007)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither	NOT APPLICABLE	NOT APPLICABLE

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 of 2002 and the laws of this state; and
 Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Signature

KATHLEEN REED
Print Name:

STATE FILING ANALYST
Title: