

SERFF Tracking Number: PERR-125530348 State: Arkansas  
Filing Company: SUA Insurance Company State Tracking Number: #101837 \$50  
Company Tracking Number: SUA-ML-AR-08-01-F  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Revised Terrorism Forms  
Project Name/Number: SUA-ML-AR-08-01-F/SUA-ML-AR-08-01-F

## Filing at a Glance

Company: SUA Insurance Company

Product Name: Revised Terrorism Forms

TOI: 35.0 Interline Filings

Sub-TOI: 35.0002 Commercial Interline Filings

Filing Type: Form

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

Effective Date Requested (Renewal): On Approval

SERFF Tr Num: PERR-125530348

SERFF Status: Closed

Co Tr Num: SUA-ML-AR-08-01-F

Co Status:

Authors: Faviola Jimenez, Laura  
Jennette

Date Submitted: 03/18/2008

State: Arkansas

State Tr Num: #101837 \$50

State Status: Fees verified and  
received

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

Disposition Date: 03/24/2008

Disposition Status: Approved

Effective Date (New): 03/31/2008

Effective Date (Renewal):  
03/31/2008

State Filing Description:

## General Information

Project Name: SUA-ML-AR-08-01-F

Project Number: SUA-ML-AR-08-01-F

Reference Organization:

Reference Title:

Filing Status Changed: 03/24/2008

State Status Changed: 03/24/2008

Corresponding Filing Tracking Number: N/A

Filing Description:

On behalf of SUA Insurance Company ("the Company"), we are submitting revised terrorism-related forms applicable to the following lines of business: Commercial Automobile, Burglary & Theft, Commercial Inland Marine, Commercial Property, Commercial General Liability, and Workers Compensation. Please refer to the enclosed side-by-side comparisons for details.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: PERR-125530348 State: Arkansas  
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Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing along with the side-by-side comparisons. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company's response will be submitted to your attention as soon as we receive it.

We respectfully request this filing to be effective on March 31, 2008.

Please do not hesitate to contact us with any questions or comments.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)  
 Laura Jennette, State Filings Analyst doi@perrknight.com  
 881 Alma Real Drive Suite 205 (310) 230-9339 [Phone]  
 Pacific Palisades, CA 90272

### Filing Company Information

SUA Insurance Company CoCode: 40134 State of Domicile: Illinois  
 222 S. Riverside Plaza Group Code: -99 Company Type:  
 Chicago, IL 60606 Group Name: State ID Number:  
 (312) 277-1600 ext. [Phone] FEIN Number: 23-2182777  
 -----

## Filing Fees

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

| COMPANY               | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-----------------------|--------|----------------|---------------|
| SUA Insurance Company | \$0.00 | 03/18/2008     |               |

*SERFF Tracking Number:* PERR-125530348      *State:* Arkansas  
*Filing Company:* SUA Insurance Company      *State Tracking Number:* #101837 \$50  
*Company Tracking Number:* SUA-ML-AR-08-01-F  
*TOI:* 35.0 Interline Filings      *Sub-TOI:* 35.0002 Commercial Interline Filings  
*Product Name:* Revised Terrorism Forms  
*Project Name/Number:* SUA-ML-AR-08-01-F/SUA-ML-AR-08-01-F

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 101837       | \$50.00      | 02/19/2008 |

SERFF Tracking Number: PERR-125530348 State: Arkansas  
Filing Company: SUA Insurance Company State Tracking Number: #101837 \$50  
Company Tracking Number: SUA-ML-AR-08-01-F  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
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Project Name/Number: SUA-ML-AR-08-01-F/SUA-ML-AR-08-01-F

## Correspondence Summary

### Dispositions

| Status   | Created By       | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 03/24/2008 | 03/24/2008     |

*SERFF Tracking Number:* PERR-125530348 *State:* Arkansas  
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## **Disposition**

Disposition Date: 03/24/2008

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: PERR-125530348 State: Arkansas  
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| Item Type           | Item Name   | Item Status | Public Access |
|---------------------|---|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty  | Approved    | Yes           |
| Supporting Document | Mark up forms, Letter of Authorization  | Approved    | Yes           |
| Supporting Document | Expedited Filing Transmittal Form - Terrorism   | Approved    | Yes           |
| Supporting Document | Filing Memorandum   | Approved    | Yes           |
| Form                | Disclosure Notice Offer Of Terrorism Insurance Coverage   | Approved    | Yes           |
| Form                | Terrorism Risk Insurance Program Reauthorization Act of 2007 Rejection of Our Offer of Coverage | Approved    | Yes           |
| Form                | Policyholder Disclosure Notice Terrorism Risk Insurance Program Reauthorization Act of 2007     | 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 Offer Of Terrorism Insurance Coverage   | SUA 1000 | 01/08        | Disclosure/ Replaced Notice                     | Replaced Form #:0.00<br>SUA 1000 04/04<br>Previous Filing #:<br>N/A |             | SUA 1000 01 08 DISCLOSUR E OFFER OF TERRORIS M INSURANC E COVERAGE .pdf   |
| Approved      | Terrorism Risk Insurance Program Reauthorization Act of 2007 Rejection of Our Offer of Coverage | SUA 1001 | 01/08        | Election/Re jection/Sup plemental Application s | Replaced Form #:0.00<br>SUA 1001 04/04<br>Previous Filing #:<br>N/A |             | Terrorism Rejection Form - SUA 1001 _0108_ _2_.pdf  |
| Approved      | Policyholder Disclosure Notice Terrorism Risk Insurance Program Reauthorization Act of 2007     | SUA 1002 | 01/08        | Disclosure/ Replaced Notice                     | Replaced Form #:0.00<br>SUA 1002 04/04<br>Previous Filing #:<br>N/A |             | SUA 1002 01 08 - DISCLOSUR E NOTICE TERRORIS M RISK PROGRAM REAUTHOR IZATION ACT OF 2007 REJECTION OF OUR OFFER OF COVERAGE |

*SERFF Tracking Number:* PERR-125530348      *State:* Arkansas  
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.pdf



# DISCLOSURE NOTICE

## OFFER OF TERRORISM INSURANCE COVERAGE

The Terrorism Risk Insurance Program Reauthorization Act of 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 certifies that an event meets the definition of an act of terrorism. The Act provides that to be certified, an act of terrorism must cause losses of at least five million dollars.

### 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 90% of that portion of the amount of such insured losses that exceed the applicable insurer retention. If the aggregate insured losses exceed \$100 billion during a Program Year, Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion, and no insurer that has met its insurer deductible shall be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion.

**LIMITATION ON PAYMENT OF TERRORISM LOSSES** (applies to policies which cover terrorism losses insured under the federal program, including those which only cover fire losses)

The provisions of the Terrorism Risk Insurance Program Reauthorization Act of 2007 can limit our maximum liability for payment of losses from certified acts of terrorism. That determination will be based on a formula set forth in the law involving the national total of federally insured terrorism losses in an annual period and individual insurer participation in payment of such losses. If one or more certified acts of terrorism in an annual period causes the maximum liability for payment of losses from certified acts of terrorism to be reached, and we have satisfied our required level of payments under the law, then we will not pay for the portion of such losses above that maximum. However, that is subject to possible change at that time, as Congress may, under the Act, determine that payments above the cap will be made.

### OFFER OF COVERAGE FOR CERTIFIED ACTS OF TERRORISM

In accordance with the Terrorism Risk Insurance Program Reauthorization Act of 2007, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program.**

If you choose to accept this offer of coverage, your policy premium will include the additional premium for terrorism as stated in the Disclosure of Premium section of this notice. Prior to the binding of coverage for your policy or policies, please inform your agent or broker of your intent to purchase coverage for certified acts of terrorism.

**NOTE TO INSURED REGARDING PROPERTY (BUILDING AND/OR CONTENTS ONLY) AND INLAND MARINE:** *There are states where state law requires that coverage for the peril of fire be provided (see below for applicable states\*). In these states, a terrorism exclusion makes an exception for (and thereby provides 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 — coverage for such fire losses will be provided in your policy. The additional premium just for such fire and/or inland marine coverage is stated in the Disclosure of Premium. If you reject the offer described above for terrorism coverage, this premium is still due.*

\* Applies to Property and Inland Marine:

CA, LA, ME, MI, MN, MO, NH, OR, PA, RI, WI

\* Applies to Property only:

AZ, CT, GA, HI, ID, IL, IA, MA, NE, NC, ND, NJ, NY, OK, VA, WA, WV

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

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

Insurer: \_\_\_\_\_

Please indicate your choices by checking the appropriate boxes below. Sign the completed statement and return the form to us. Keep a copy for your records. Your policy will then reflect your choices.

**DISCLOSURE OF PREMIUM**

This DISCLOSURE OF PREMIUM applies only to coverage(s) below for which a premium is shown. You must accept or reject the coverage where a premium is indicated. **If NA appears where a premium should be indicated, you do not have this type of coverage on your policy, and cannot accept or reject coverage.**

Accept       Reject

**PROPERTY**

(Property includes: Commercial Boiler & Machinery, Commercial Crime, Commercial Inland Marine and Commercial Property if provided on policy)

If you accept this offer, the additional premium for terrorism coverage is

\$ \_\_\_\_\_

If you reject this offer and, if any of the premises are located in a state where state law requires that coverage for the peril of fire be provided at that location, the premium for terrorism-peril of fire coverage for your building and/or contents as provided is

\$ \_\_\_\_\_

Accept       Reject

**GENERAL LIABILITY**

If you accept this offer, the additional premium for terrorism coverage is

\$ \_\_\_\_\_

Accept       Reject

**COMMERCIAL AUTOMOBILE**

If you accept this offer, the additional premium for terrorism coverage is

\$ \_\_\_\_\_

Accept       Reject

**COMMERCIAL LIABILITY UMBRELLA**

If you accept this offer, the additional premium for terrorism coverage is

\$ \_\_\_\_\_

Accept       Reject

**EXCESS LIABILITY**

If you accept this offer, the additional premium for terrorism coverage is

\$ \_\_\_\_\_

Accept       Reject

**EXCESS PROPERTY**

If you accept this offer, the additional premium for terrorism coverage is

\$ \_\_\_\_\_

**TOTAL TERRORISM PREMIUM\***

\$ \_\_\_\_\_

*\*Premium for this coverage may be subject to audit.*

**REJECTION STATEMENT**

If the above box titled **Reject** is checked I hereby reject the offer(s) of terrorism coverage as indicated. If rejected, I understand that an **exclusion** of certain terrorism losses will be made part of this policy.

Signature and Title of Named Insured: \_\_\_\_\_

Date: \_\_\_\_\_

**TERRORISM RISK INSURANCE PROGRAM  
REAUTHORIZATION ACT OF 2007**

**REJECTION OF OUR OFFER OF COVERAGE**

A check beside the box titled **Reject** for one or more lines of business listed below indicates that you did not accept our offer of coverage for certified acts of terrorism, as required under the Terrorism Risk Insurance Program Reauthorization Act of 2007.. As a result, this policy does not provide such coverage and contains one or more exclusions that apply to certified acts of terrorism.

If you were not made aware of our offer of coverage for certified acts of terrorism, or believe that this notice was included in this policy in error, please notify your agent or broker immediately.

- Reject      **BOILER & MACHINERY**
- Reject      **COMMERCIAL PROPERTY**
- Reject      **COMMERCIAL INLAND MARINE**
- Reject      **COMMERCIAL CRIME**
- Reject      **GENERAL LIABILITY**
- Reject      **COMMERCIAL AUTOMOBILE**
- Reject      **COMMERCIAL LIABILITY UMBRELLA**
- Reject      **EXCESS LIABILITY**
- Reject      **EXCESS PROPERTY**

**Named Insured:** \_\_\_\_\_  
**Policy Number:** \_\_\_\_\_

**POLICYHOLDER DISCLOSURE NOTICE  
TERRORISM RISK INSURANCE PROGRAM  
REAUTHORIZATION ACT OF 2007**

The premium for this policy includes the amount shown below for coverage for insured losses covered by the Terrorism Insurance Program established by the Terrorism Risk Insurance Program Reauthorization Act of 2007. This premium does not include any charges for the portion of loss covered by the Federal Government under the Act.

This premium and coverage do not apply to any insuring agreements or coverage parts in this policy for which you did not accept our offer of such terrorism coverage. For all other insuring agreements or coverage parts, if \$0 is shown for the amount above, this policy provides such coverage at no premium charge for otherwise covered losses.

The Terrorism Insurance Program established by the Terrorism Risk Insurance Program Reauthorization Act of 2007 applies to certain losses, if otherwise covered by your policy, that result from an "act of terrorism," as defined in and certified under that Act. The provisions of the Terrorism Risk Insurance Program Reauthorization Act of 2007 can limit our maximum liability for payment of losses from certified acts of terrorism. That determination will be based on a formula set forth in the law involving the national total of federally insured terrorism losses in an annual period and individual insurer participation in payment of such losses. If one or more certified acts of terrorism in an annual period causes the maximum liability for payment of losses from certified acts of terrorism to be reached, and we have satisfied our required level of payments under the law, then we will not pay for the portion of such losses above that maximum. However, that is subject to possible change at that time, as Congress may, under the Act, determine that payments above the cap will be made.

The portion of your premium\* attributable to coverage for terrorist acts certified under the Act, is:

|   |    |
|---|----|
| <b>PROPERTY</b>   | \$ |
| (Property includes: Commercial Boiler & Machinery, Commercial Crime,<br>Commercial Inland Marine and Commercial Property if provided on policy) |    |
| <b>GENERAL LIABILITY</b>  | \$ |
| <b>COMMERCIAL AUTOMOBILE</b>  | \$ |
| <b>COMMERCIAL LIABILITY UMBRELLA</b>  | \$ |
| <b>EXCESS LIABILITY</b>   | \$ |
| <b>EXCESS PROPERTY</b>  | \$ |
| <b><u>WORKERS COMPENSATION</u></b>  | \$ |

*\*Premium for this coverage may be subject to audit.*

**IMPORTANT NOTE**

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully. Generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Program Reauthorization Act of 2007. Some losses resulting from certified acts of terrorism are not covered. Coverage for non-certified acts of terrorism may not be provided. Read your policy and endorsements carefully.

**Named Insured:** \_\_\_\_\_  
**Policy Number:** \_\_\_\_\_

|                                 |  |                               |   |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i>   | <i>PERR-125530348</i>                      | <i>State:</i>                 | <i>Arkansas</i>                             |
| <i>Filing Company:</i>          | <i>SUA Insurance Company</i>               | <i>State Tracking Number:</i> | <i>#101837 \$50</i>                         |
| <i>Company Tracking Number:</i> | <i>SUA-ML-AR-08-01-F</i>                   |                               |   |
| <i>TOI:</i>                     | <i>35.0 Interline Filings</i>              | <i>Sub-TOI:</i>               | <i>35.0002 Commercial Interline Filings</i> |
| <i>Product Name:</i>            | <i>Revised Terrorism Forms</i>             |                               |   |
| <i>Project Name/Number:</i>     | <i>SUA-ML-AR-08-01-F/SUA-ML-AR-08-01-F</i> |                               |   |

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125530348 State: Arkansas  
Filing Company: SUA Insurance Company State Tracking Number: #101837 \$50  
Company Tracking Number: SUA-ML-AR-08-01-F  
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Product Name: Revised Terrorism Forms  
Project Name/Number: SUA-ML-AR-08-01-F/SUA-ML-AR-08-01-F

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 03/24/2008

**Comments:**

**Attachments:**

2007 NAIC FFS +.pdf  
2007 NAIC PCTD.pdf

**Satisfied -Name:** Mark up forms, Letter of Authorization **Review Status:** Approved 03/24/2008

**Comments:**

**Attachments:**

SUA 1000 - MARKUP.pdf  
SUA 1001 - MARKUP.pdf  
SUA 1002 - MARKUP.pdf  
2008 Letter of Authorization.pdf

**Satisfied -Name:** Expedited Filing Transmittal Form - Terrorism **Review Status:** Approved 03/24/2008

**Comments:**

**Attachment:**

AR Terrorism form.pdf

**Satisfied -Name:** Filing Memorandum **Review Status:** Approved 03/24/2008

**Comments:**

**Attachment:**

Expl Memo-Interline AR.pdf

## 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.)

|           |   |                                    |                                  |  |   |
|-----------|---|------------------------------------|----------------------------------|--|---|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b>  | <b>SUA-ML-AR-08-01-F</b>           |                                  |  |   |
| <b>2.</b> | <b>This filing corresponds to rate/rule filing number</b><br>(Company tracking number of rate/rule filing, if applicable) | <b>N/A</b>                         |                                  |  |   |
| <b>3.</b> | <b>Form Name /Description/Synopsis</b>  | <b>Form # Include edition date</b> | <b>Replacement or Withdrawn?</b> | <b>If replacement, give form # it replaces</b> | <b>Previous state filing number, if required by state</b> |

|    |   |                  |   |                  |  |
|----|---|------------------|---|------------------|--|
| 01 | Disclosure Notice Offer Of Terrorism Insurance Coverage   | SUA 1000 (01 08) | <input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither | SUA 1000 (04 04) |  |
| 02 | Terrorism Risk Insurance Program Reauthorization Act of 2007 Rejection of Our Offer of Coverage | SUA 1001 (01 08) | <input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither | SUA 1001 (04 04) |  |
| 03 | Policyholder Disclosure Notice Terrorism Risk Insurance Program Reauthorization Act of 2007     | SUA 1002 (01 08) | <input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither | SUA 1002 (04 04) |  |
| 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            |                  |  |

## Property & Casualty Transmittal Document

|   |   |
|---|---|
| <b>1. Reserved for Insurance Dept. Use Only</b> | <b>2. Insurance Department Use only</b> |
|   | 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                        |

|                      |                     |
|----------------------|---------------------|
| <b>3. Group Name</b> | <b>Group NAIC #</b> |
| N/A                  | N/A                 |

|                           |                 |               |               |                |
|---------------------------|-----------------|---------------|---------------|----------------|
| <b>4. Company Name(s)</b> | <b>Domicile</b> | <b>NAIC #</b> | <b>FEIN #</b> | <b>State #</b> |
| SUA Insurance Company     | IL              | 40134         | 23-2182777    |                |

|                                   |                   |
|-----------------------------------|-------------------|
| <b>5. Company Tracking Number</b> | SUA-ML-AR-08-01-F |
|-----------------------------------|-------------------|

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

| 6.        | Name and address  | Title                    | Telephone #s           | FAX #        | e-mail             |
|-----------|---|--------------------------|------------------------|--------------|--------------------|
|           | Laura Jennette<br>881 Alma Real Drive<br>Suite 205<br>Pacific Palisades. CA 90272 | State Filings<br>Analyst | (888) 201-5123<br>x109 | 310-230-8529 | doi@perrknight.com |
| <b>7.</b> | Signature of authorized filer   |                          | <i>Laura Jennette</i>  |              |                    |
| <b>8.</b> | Please print name of authorized filer   |                          | Laura Jennette         |              |                    |

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

|  |  |
|--|--|
| <b>9. Type of Insurance (TOI)</b>  | 35.0 Interline Filings   |
| <b>10. Sub-Type of Insurance (Sub-TOI)</b>   | 35.0002 Commercial Interline Filings   |
| <b>11. State Specific Product code(s) (if applicable)[See State Specific Requirements]</b> | N/A  |
| <b>12. Company Program Title</b> (Marketing title)   | N/A  |
| <b>13. Filing Type</b>   | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| <b>14. Effective Date(s) Requested</b>   | New: March 31, 2008      Renewal: March 31, 2008   |
| <b>15. Reference Filing?</b>   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| <b>16. Reference Organization</b> (if applicable)  | N/A  |
| <b>17. Reference Organization # &amp; Title</b>  | N/A  |
| <b>18. Company's Date of Filing</b>  | March 17, 2008   |
| <b>19. Status of filing in domicile</b>  | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved  |

**Property & Casualty Transmittal Document—**

|  |                   |
|--|-------------------|
| <b>20. This filing transmittal is part of Company Tracking #</b> | SUA-ML-AR-08-01-F |
|--|-------------------|

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

On behalf of SUA Insurance Company ("the Company"), we are submitting revised terrorism-related forms applicable to the following lines of business: Commercial Automobile, Burglary & Theft, Commercial Inland Marine, Commercial Property, Commercial General Liability, and Workers Compensation. Please refer to the enclosed side-by-side comparisons for details.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing along with the side-by-side comparisons. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company's response will be submitted to your attention as soon as we receive it.

We respectfully request this filing to be effective on March 31, 2008.

Please do not hesitate to contact us with any questions or comments.

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

**Check #:** 101837

**Amount:** 50.00

**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.)**

DISCLOSURE NOTICE  
OFFER OF TERRORISM INSURANCE COVERAGE

The Terrorism Risk Insurance Program Reauthorization Act of 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 certifies that an event meets the definition of an act of terrorism. The Act provides that to be certified, an act of terrorism must cause losses of at least five million dollars.

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~~Deleted: dollars and must have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest to coerce the government or population of the United States~~  
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~~Deleted: The disclosure must be made at the time of offer, purchase and renewal of the policy.~~  
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**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 90% of that portion of the amount of such insured losses that exceed the applicable insurer retention. If the aggregate insured losses exceed \$100 billion during a Program Year, Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion, and no insurer that has met its insurer deductible shall be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion.

**LIMITATION ON PAYMENT OF TERRORISM LOSSES** (applies to policies which cover terrorism losses insured under the federal program, including those which only cover fire losses)

The provisions of the Terrorism Risk Insurance Program Reauthorization Act of 2007 can limit our maximum liability for payment of losses from certified acts of terrorism. That determination will be based on a formula set forth in the law involving the national total of federally insured terrorism losses in an annual period and individual insurer participation in payment of such losses. If one or more certified acts of terrorism in an annual period causes the maximum liability for payment of losses from certified acts of terrorism to be reached, and we have satisfied our required level of payments under the law, then we will not pay for the portion of such losses above that maximum. However, that is subject to possible change at that time, as Congress may, under the Act, determine that payments above the cap will be made.

**OFFER OF COVERAGE FOR CERTIFIED ACTS OF TERRORISM**

In accordance with the Terrorism Risk Insurance Program Reauthorization Act of 2007, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program.

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If you choose to accept this offer of coverage, your policy premium will include the additional premium for terrorism as stated in the Disclosure of Premium section of this notice. Prior to the binding of coverage for your policy or policies, please inform your agent or broker of your intent to purchase coverage for certified acts of terrorism.

**NOTE TO INSURED REGARDING PROPERTY (BUILDING AND/OR CONTENTS ONLY) AND INLAND MARINE:**  
*There are states where state law requires that coverage for the peril of fire be provided (see below for applicable states\*). In these states, a terrorism exclusion makes an exception for (and thereby provides 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 — coverage for such fire losses will be provided in your policy. The additional premium just for such fire and/or inland marine coverage is stated in the Disclosure of Premium. If you reject the offer described above for terrorism coverage, this premium is still due.*

\* Applies to Property and Inland Marine:

CA, LA, ME, MI, MN, MO, NH, OR, PA, RI, WI

\* Applies to Property only:

AZ, CT, GA, HI, ID, IL, IA, MA, NE, NC, ND, NJ, NY, OK, VA, WA, WV

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~~Deleted: NOTE TO INSURED REGARDING AUTOMOBILE ONLY: For Commercial Auto in Alaska, Connecticut, Hawaii, Kansas, Kentucky, New Jersey, New York and Oregon, financial responsibility and/or motor vehicle liability insurance statutes require that liability coverage for limits up to the minimum state compulsory limits of insurance is provided for any losses resulting from a certified act of terrorism. If you reject the offer described above for terrorism coverage, you will still be provided this minimum compulsory coverage at no premium charge for risks located in these states.~~  
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Policy Number: \_\_\_\_\_ Named Insured: \_\_\_\_\_  
Insurer: \_\_\_\_\_

Please indicate your choices by checking the appropriate boxes below. Sign the completed statement and return the form to us. Keep a copy for your records. Your policy will then reflect your choices.

**DISCLOSURE OF PREMIUM**

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This DISCLOSURE OF PREMIUM applies only to coverage(s) below for which a premium is shown. You must accept or reject the coverage where a premium is indicated. **If NA appears where a premium should be indicated, you do not have this type of coverage on your policy, and cannot accept or reject coverage.**

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Accept  Reject **PROPERTY**  
(Property includes: Commercial Boiler & Machinery, Commercial Crime, Commercial Inland Marine and Commercial Property if provided on policy)  
If you accept this offer, the additional premium for terrorism coverage is \$ \_\_\_\_\_

If you reject this offer and, if any of the premises are located in a state where state law requires that coverage for the peril of fire be provided at that location, the premium for terrorism-peril of fire coverage for your building and/or contents as provided is \$ \_\_\_\_\_

Accept  Reject **GENERAL LIABILITY**  
If you accept this offer, the additional premium for terrorism coverage is \$ \_\_\_\_\_

Accept  Reject **COMMERCIAL AUTOMOBILE**  
If you accept this offer, the additional premium for terrorism coverage is \$ \_\_\_\_\_

Accept  Reject **COMMERCIAL LIABILITY UMBRELLA**  
If you accept this offer, the additional premium for terrorism coverage is \$ \_\_\_\_\_

Accept  Reject **EXCESS LIABILITY**  
If you accept this offer, the additional premium for terrorism coverage is \$ \_\_\_\_\_

Accept  Reject **EXCESS PROPERTY**  
If you accept this offer, the additional premium for terrorism coverage is \$ \_\_\_\_\_

**TOTAL TERRORISM PREMIUM\*** \$ \_\_\_\_\_

*\*Premium for this coverage may be subject to audit.*

**REJECTION STATEMENT**

If the above box titled **Reject** is checked I hereby reject the offer(s) of terrorism coverage as indicated. If rejected, I understand that an **exclusion** of certain terrorism losses will be made part of this policy.

**Signature and Title of Named Insured:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**TERRORISM RISK INSURANCE PROGRAM  
REAUTHORIZATION ACT OF 2007**

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DISCLOSURE NOTICE  
TERRORISM RISK INSURANCE  
ACT OF 2002

**REJECTION OF OUR OFFER OF COVERAGE**

A check beside the box titled **Reject** for one or more lines of business listed below indicates that you did not accept our offer of coverage for certified acts of terrorism, as required under the [Terrorism Risk Insurance Program Reauthorization Act of 2007](#). As a result, this policy does not provide such coverage and contains one or more exclusions that apply to certified acts of terrorism.

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of 2002 and the

If you were not made aware of our offer of coverage for certified acts of terrorism, or believe that this notice was included in this policy in error, please notify your agent or broker immediately.

- Reject      **BOILER & MACHINERY**
- Reject      **COMMERCIAL PROPERTY**
- Reject      **COMMERCIAL INLAND MARINE**
- Reject      **COMMERCIAL CRIME**
- Reject      **GENERAL LIABILITY**
- Reject      **COMMERCIAL AUTOMOBILE**
- Reject      **COMMERCIAL LIABILITY UMBRELLA**
- Reject      **EXCESS LIABILITY**
- Reject      **EXCESS PROPERTY**

Named Insured: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

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**POLICYHOLDER DISCLOSURE NOTICE**  
**TERRORISM RISK INSURANCE PROGRAM**  
**REAUTHORIZATION ACT OF 2007**

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The premium for this policy includes the amount shown below for coverage for insured losses covered by the Terrorism Insurance Program established by the Terrorism Risk Insurance Program Reauthorization Act of 2007. This premium does not include any charges for the portion of loss covered by the Federal Government under the Act.

This premium and coverage do not apply to any insuring agreements or coverage parts in this policy for which you did not accept our offer of such terrorism coverage. For all other insuring agreements or coverage parts, if \$0 is shown for the amount above, this policy provides such coverage at no premium charge for otherwise covered losses.

The Terrorism Insurance Program established by the Terrorism Risk Insurance Program Reauthorization Act of 2007 applies to certain losses, if otherwise covered by your policy, that result from an "act of terrorism," as defined in and certified under that Act. The provisions of the Terrorism Risk Insurance Program Reauthorization Act of 2007 can limit our maximum liability for payment of losses from certified acts of terrorism. That determination will be based on a formula set forth in the law involving the national total of federally insured terrorism losses in an annual period and individual insurer participation in payment of such losses. If one or more certified acts of terrorism in an annual period causes the maximum liability for payment of losses from certified acts of terrorism to be reached, and we have satisfied our required level of payments under the law, then we will not pay for the portion of such losses above that maximum. However, that is subject to possible change at that time, as Congress may, under the Act, determine that payments above the cap will be made.

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The portion of your premium\* attributable to coverage for terrorist acts certified under the Act, is:

|  |    |
|--|----|
| <b>PROPERTY</b>  | \$ |
| (Property includes: Commercial Boiler & Machinery, Commercial Crime, Commercial Inland Marine and Commercial Property if provided on policy) |    |
| <b>GENERAL LIABILITY</b>   | \$ |
| <b>COMMERCIAL AUTOMOBILE</b>   | \$ |
| <b>COMMERCIAL LIABILITY UMBRELLA</b>   | \$ |
| <b>EXCESS LIABILITY</b>  | \$ |
| <b>EXCESS PROPERTY</b>   | \$ |
| <b><u>WORKERS COMPENSATION</u></b>   | \$ |

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\*Premium for this coverage may be subject to audit.

**IMPORTANT NOTE**

The premium above is for certain losses resulting from certified acts of terrorism as covered pursuant to coverage provisions, limitations and exclusions in this policy. You should read the definition in your policy carefully. Generally speaking, "certified" acts of terrorism are acts that exceed \$5 million in aggregate losses to the insurance industry and which are subsequently declared by the U.S. Secretary of the Treasury as a certified terrorist act under the Terrorism Risk Insurance Program Reauthorization Act of 2007. Some losses resulting from certified acts of terrorism are not covered. Coverage for non-certified acts of terrorism may not be provided. Read your policy and endorsements carefully.

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**Named Insured:** \_\_\_\_\_  
**Policy Number:** \_\_\_\_\_

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*G. Michael Gooding, CPCU, ARe, AIAF, ARC, ARM  
Director of Regulatory Affairs and Legal Compliance*

January 1, 2008

Re: SUA Insurance Company  
NAIC Company Code 40134  
Rate, Rule, and Form Filings

To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rates, rule, and form filings on behalf of SUA Insurance Company. This authorization includes providing additional information and responding to questions regarding the filing on our behalf as necessary. This authorization is deemed to be in effect until rescinded in writing.

Please direct all correspondences and inquires related to this filing to Perr&Knight, Inc. at the following address:

State Filings Department  
Perr&Knight, Inc.  
881 Alma Real Drive, Suite 205  
Pacific Palisades, CA 90272  
Phone: (310) 230-9339  
Fax: (310) 230-8529

Please contact me if you have any questions regarding this authorization.

Sincerely,

A handwritten signature in blue ink, appearing to read "G. Michael Gooding", is written over the typed name and title. The signature is fluid and cursive.

G. Michael Gooding, CPCU, ARe, AIAF, ARC, ARM  
Director of Regulatory Affairs and Legal Compliance

GMG/lp

**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 #     |
|-----------------------|----------|--------|------------|
| SUA Insurance Company | Illinois | 40134  | 23-2182777 |

**Contact Info for Filer**

| Name and address of Filer(s)  | Telephone #         | FAX #          | e-mail             |
|---|---------------------|----------------|--------------------|
| Laura Jennette<br>881 Alma Real Drive, Suite 205<br>Pacific Palisades, CA 90272 | (888) 201-5123 x109 | (310) 230-8529 | doi@perrknight.com |

**Filing information**

|   |   |
|---|---|
| <b>Line of Insurance</b> (see attachment)                       | Interline Commercial Automobile, Burglary & Theft, Commercial Inland Marine, Commercial Property, Commercial General Liability, and Workers Compensation) |
| <b>Company Program Title</b> (Marketing title) (if applicable)  | N/A   |
| <b>Filing Type</b> ** see note below                            | Form  |
| <b>This application is used with:</b>                           | All policies  |
| <b>Effective Date Requested</b>                                 |   |
| <b>Filing date</b>  | 3/17/2008   |
| <b>Company Tracking Number</b>                                  | SUA-ML-AR-08-01-F   |
| <b>Date filing approved in domiciliary state, if applicable</b> | N/A - 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 Offer Of Terrorism Insurance Coverage   | SUA 1000 (01/08)                                | <input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither | SUA 1000 (04/04)   | N/A   |
| 02 | Terrorism Risk Insurance Program Reauthorization Act of 2007 Rejection of Our Offer of Coverage | SUA 1001 (01/08)                                | <input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither | SUA 1001 (04/04)   | N/A   |
| 03 | Policyholder Disclosure Notice Terrorism Risk Insurance Program Reauthorization Act of 2007     | SUA 1002 (01/08)                                | <input checked="" type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn<br><input type="checkbox"/> Neither | SUA 1002 (04/04)   | N/A   |

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.

  
\_\_\_\_\_  
Signature

G. Michael Gooding  
Print Name:

Director of Regulatory Affairs and Legal Compliance  
Title:

# **SUA Insurance Company Interline Filing**

## **Revised Terrorism Forms in Response to the Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA)**

### **Explanatory Memorandum**

On behalf of SUA Insurance Company ("the Company"), we are submitting revised terrorism-related forms applicable to several lines of business, as follows:

| <b>Line of Business</b>      | <b>SUA 1000</b> | <b>SUA 1001</b> | <b>SUA 1002</b> |
|------------------------------|-----------------|-----------------|-----------------|
| Burglary & Theft             | X               | X               | X               |
| Commercial Automobile        | X               | X               | X               |
| Commercial Inland Marine     | X               | X               | X               |
| Commercial General Liability | X               | X               | X               |
| Commercial Property          | X               | X               | X               |
| Workers Compensation         |                 |                 | X               |

We respectfully request that the enclosed forms be implemented on March 31, 2008.