

SERFF Tracking Number: PHAR-125512070 State: Arkansas
Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: EFT \$20
Company Tracking Number: CW-WCV-12-07-TERR
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Filing WCV Terrorism Disclosure Notice
Project Name/Number: /

Filing at a Glance

Company: Pharmacists Mutual Insurance Company

Product Name: Filing WCV Terrorism SERFF Tr Num: PHAR-125512070 State: Arkansas

Disclosure Notice

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$20

Sub-TOI: 16.0004 Standard WC

Co Tr Num: CW-WCV-12-07-TERR State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Authors: Lori Stokes, Karleen Wittkopf

Disposition Date: 03/07/2008

Date Submitted: 03/05/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 03/07/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/07/2008

State Status Changed: 03/07/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Pharmacists Mutual Insurance Company is a member of NCCI for our Workers Compensation program in your state. The purpose of this filing is to file our Policyholder Terrorism Disclosure Notice, PM 9932 12-07, for informational purposes.

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Company and Contact

Filing Contact Information

Karleen Wittkopf,
 PO Box 370 (800) 247-5930 [Phone]
 Algona, IA 50511

Filing Company Information

Pharmacists Mutual Insurance Company	CoCode: 13714	State of Domicile: Iowa
808 Highway 18 West	Group Code: 775	Company Type: Mutual
P.O. Box 370		
Algona, IA 50511	Group Name:	State ID Number:
(800) 247-5930 ext. [Phone]	FEIN Number: 42-0223390	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	\$20/filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pharmacists Mutual Insurance Company	\$20.00	03/05/2008	18336560

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/07/2008	03/07/2008

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Disposition

Disposition Date: 03/07/2008

Effective Date (New): 03/07/2008

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	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Policyholder Disclosure Notice of Terrorism Insurance Coverage	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 Insurance Coverage	PM 9932	(12/07)	Disclosure/ Replaced Notice	Replaced Form #:0.00 PM 1915 12-07 Previous Filing #:		PM 9932 1207.pdf

**PHARMACISTS MUTUAL INSURANCE COMPANY
POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

Policy Number:
Named Insured:

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

The portion of your annual premium that is attributable to coverage for acts of terrorism is \$ _____, and does not include any charges for the portion of losses covered by the United States government under the Act.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 03/07/2008

Comments:

Attachment:

Expedited Transmittal.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 checked="" 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 #
Pharmacists Mutual Insurance Company	Iowa	13714	42-0223390

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Karleen Wittkopf PO Box 370 Algona, IA 50511	(515) 395-7253	(515) 295-9306	Karleen.Wittkopf@ph mic.com

Filing information

Line of Insurance (see attachment)	16.0 Workers Compensation
Company Program Title (Marketing title) (if applicable)	Workers Compensation
Filing Type ** see note below	Form
This application is used with:	
Effective Date Requested	Upon Approval
Filing date	03/05/08
Company Tracking Number	CW-WCV-12-07-TERR
Date filing approved in domiciliary state, if applicable	03/03/08

	<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	Policyholder Disclosure Notice of Terrorism Insurance Coverage	PM 9932 (12/07)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	PM 1915 12-02	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

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.

Lori Stokes
Signature

Lori Stokes
Print Name:

Forms Manager
Title: