

SERFF Tracking Number: PHLX-125508954 State: Arkansas  
Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: #42996 \$25  
Company Tracking Number: BO AR0032602F01  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners  
Liability  
Product Name: Insurance Services Office, Inc  
Project Name/Number: Insurance Services Office, Inc/BO AR0032602F01

## Filing at a Glance

Company: Philadelphia Indemnity Insurance Company

Product Name: Insurance Services Office, Inc SERFF Tr Num: PHLX-125508954 State: Arkansas  
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: #42996 \$25

Sub-TOI: 05.0002 Businessowners

Co Tr Num: BO AR0032602F01 State Status: Fees verified and received

Filing Type: Form

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

Author: SPI PhiladelphiaIndemnity Disposition Date: 03/05/2008

Date Submitted: 02/26/2008 Disposition Status: Filed

Effective Date Requested (New): 01/15/2008

Effective Date (New): 01/15/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Insurance Services Office, Inc

Status of Filing in Domicile:

Project Number: BO AR0032602F01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/05/2008

Deemer Date:

State Status Changed: 03/05/2008

Corresponding Filing Tracking Number:

Filing Description:

The Philadelphia Indemnity Insurance Company files to adopt the following ISO revisions:

BP-2007-OTRP1

SERFF Tracking Number: PHLX-125508954 State: Arkansas  
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We intend to implement this filing to policies effective on and after January 15, 2008, or as soon as possible after receiving notice of acceptance. Your acknowledgement will be appreciated.

Should you have any further questions please contact the undersigned.

## Company and Contact

### Filing Contact Information

Gary Corbi, Senior Compliance Analyst  
 One Bala Plaza (610) 617-5980 [Phone]  
 Bala Cynwyd, PA 19004 (866) 374-1070[FAX]

### Filing Company Information

Philadelphia Indemnity Insurance Company CoCode: 18058 State of Domicile: Pennsylvania  
 One Bala Plaza Group Code: 677 Company Type:  
 Suite 100  
 Bala Cynwyd, PA 19004 Group Name: Philadelphia Insurance Companies State ID Number:  
 (610) 617-7900 ext. [Phone] FEIN Number: 231738402  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
42996	\$25.00	02/15/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Llyweyia Rawlins	03/05/2008	03/05/2008

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## Disposition

Disposition Date: 03/05/2008

Effective Date (New): 01/15/2008

Effective Date (Renewal):

Status: Filed

Comment: files to adopt the following ISO revisions: BP-2007-OTRP1

Rate data does NOT apply to filing.

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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	Filed	Yes

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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:** Filed 03/05/2008

**Comments:**

**Attachments:**

AR BOP Form Terror Adopt Letter.PDF  
AR BOP Expedited Transmittal Form.PDF  
BOP Terror Form List for Arkansas.PDF

# Philadelphia Insurance Companies

One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004  
610-617-7900 Fax: 610-617-7600

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February 26, 2008

Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

Subject: Philadelphia Indemnity Insurance Company  
NAIC# 677-18058 FEIN# 23-1738402  
Businessowners  
Adoption of ISO revisions  
Our Filing Number: BO AR0032602F01

## Filing Fee of \$25.00

Dear Sir or Madam:

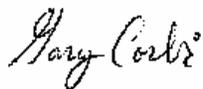
The Philadelphia Indemnity Insurance Company files to adopt the following ISO revisions:

- BP-2007-OTRP1

We intend to implement this filing to policies effective on and after January 15, 2008, or as soon as possible after receiving notice of acceptance. Your acknowledgement will be appreciated.

Should you have any further questions please contact the undersigned.

Sincerely,



Gary Corbi  
Senior Compliance Analyst - Philadelphia Insurance Companies  
(610) 617-5980/[gcorbi@phlyins.com](mailto:gcorbi@phlyins.com)

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

This page applies to the following state(s) \_\_\_\_\_

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 #
Philadelphia Indemnity Insurance Company	PA	677-18058	23-1738402

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Gary Corbi, Compliance Analyst Philadelphia Indemnity Insurance Company One Bala Plaza, Suite 100 Bala Cynwyd, PA 19004	(610) 617-5980	None	gcorbi@phlyins.com

**Filing information**

<b>Line of Insurance (see attachment)</b>	Businessowners
<b>Company Program Title (Marketing title) (if applicable)</b>	N/A
<b>Filing Type ** see note below</b>	Form
<b>This application is used with:</b>	Businessowners
<b>Effective Date Requested</b>	January 15, 2008
<b>Filing date</b>	February 26, 2008
<b>Company Tracking Number</b>	BO AR0032602F01
<b>Date filing approved in domiciliary state, if applicable</b>	Being filed concurrently

	<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	BP-2007-OTRP1	Please see attached	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <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.

Gary Corbi  
Signature

Gary Corbi  
Print Name:

Compliance Analyst  
Title:

	<b><u>Component/Form Name</u></b> <b><u>/Description/Synopsis</u></b>	<b>Form # or Rate Page</b> <b>Include edition date</b>	<b>Replacement</b> <b>Or withdrawn?</b>	<b>If replacement,</b> <b>give form # or rate</b> <b>page(s) it replaces</b>	<b>Previous State</b> <b>Filing Number,</b> <b>if required</b> <b>by state</b>
01	Cap on losses from certified acts of terrorism	BP 05 23 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	BP 05 23 11 02	
02	Exclusion of certified acts of terrorism	BP 05 24 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	BP 05 24 11 02	
03	Exclusion of certified acts of terrorism involving nuclear, biological, chemical or radiological terrorism; cap on covered certified acts losses	BP 05 26 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	BP 05 26 12 03	
04	Limitations of coverage for certified acts of terrorism	BP 05 27 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	BP 05 27 12 03	
05	Exclusion of punitive damages related to a certified act of terrorism	BP 05 43 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	BP 05 43 01 03	
06	Disclosure pursuant to terrorism risk insurance act	BP 05 15 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	BP 05 15 01 03	