

SERFF Tracking Number: PHLX-125520102 State: Arkansas  
Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: PR AR0032702F01  
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability  
Product Name: Other Liability  
Project Name/Number: Other Liability/PR AR0032702F01

## Filing at a Glance

Company: Philadelphia Indemnity Insurance Company

Product Name: Other Liability SERFF Tr Num: PHLX-125520102 State: Arkansas  
TOI: 17.1 Other Liability - Claims Made Only SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 17.1006 Directors & Officers Liability Co Tr Num: PR AR0032702F01 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding  
Author: SPI PhiladelphiaIndemnity Disposition Date: 03/13/2008  
Date Submitted: 03/04/2008 Disposition Status: Approved  
Effective Date Requested (New): 03/15/2008 Effective Date (New):  
Effective Date Requested (Renewal): Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Other Liability Status of Filing in Domicile:  
Project Number: PR AR0032702F01 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 03/13/2008  
State Status Changed: 03/13/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

The Philadelphia Indemnity Insurance Company submits for your review the revised Cap on Losses From Certified Acts of Terrorism Endorsement PI-SLD-001 (01/08), which was developed to enable us to comply with the requirements of the federal Terrorism Risk Insurance Act of 2007.

Our policies for Directors and Officer which are based off ISO form CG 21 70 has been amended to address the 2007 changes.

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Changes were made to the form include the following:

" Revised the language expressing the existence and effect of the cap.  
 " PI-SLD-001 (01/08) is for use for insureds who elect certified terrorism coverage under the Federal Terrorism Risk Act.  
 It replaces PI-SLD-001 (01/03) and has been amended to track the changes of the 2007 Act.

## Company and Contact

### Filing Contact Information

Diane Quarles, Compliance Analyst  
 One Bala Plaza (610) 617-7751 [Phone]  
 Bala Cynwyd, PA 19004 (866) 478-1433[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: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Philadelphia Indemnity Insurance Company	\$50.00	03/04/2008	18291697

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	03/13/2008	03/13/2008

*SERFF Tracking Number:*      *PHLX-125520102*                      *State:*                      *Arkansas*  
*Filing Company:*              *Philadelphia Indemnity Insurance Company*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *PR AR0032702F01*  
*TOI:*                      *17.1 Other Liability - Claims Made Only*      *Sub-TOI:*                      *17.1006 Directors & Officers Liability*  
*Product Name:*              *Other Liability*  
*Project Name/Number:*      *Other Liability/PR AR0032702F01*

## **Disposition**

Disposition Date: 03/13/2008

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	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	letter, EXPEDITED FILING TRANSMITTAL DOCUMENT	Approved	Yes
Form	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	Approved	Yes

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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	PI-SLD-001	(01/08)	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 PI-SLD-001 (01/03) Previous Filing #:		PI-SLD-001 .PDF

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM**

This endorsement modifies insurance provided under the following:

**DIRECTORS AND OFFICERS LIABILITY**

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.

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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:**  
**Bypassed -Name:** Uniform Transmittal Document- Property & Casualty Approved 03/13/2008  
**Bypass Reason:** N/A. Certified terrorism filing. Please see attached EXPEDITED FILING TRANSMITTAL DOCUMENT.  
**Comments:**

**Review Status:**  
**Satisfied -Name:** letter, EXPEDITED FILING TRANSMITTAL DOCUMENT Approved 03/13/2008  
**Comments:**  
**Attachments:**  
letter.PDF  
EXPEDITED FILING TRANSMITTAL DOCUMENT.PDF

# Philadelphia Insurance Companies

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

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March 4, 2008

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

Subject: Philadelphia Indemnity Insurance Company  
NAIC# 677-18058 FEIN# 23-1738402  
Directors and Officers Liability  
Certified Terrorism Form Filing  
Filing Number: PR AR 0032702F01

The Philadelphia Indemnity Insurance Company submits for your review the revised Cap on Losses from Certified Acts of Terrorism Endorsement PI-SLD-001 (01/08), which was developed to enable us to comply with the requirements of the federal Terrorism Risk Insurance Act of 2007.

Our policies for Directors and Officer which are based off ISO form CG 21 70 has been amended to address the 2007 changes.

Changes were made to the form include the following:

- Revised the language expressing the existence and effect of the cap.
- PI-SLD-001 (01/08) is for use for insureds who elect certified terrorism coverage under the Federal Terrorism Risk Act. It replaces PI-SLD-001 (01/03) and has been amended to track the changes of the 2007 Act.

We would like to implement this filing on the earlier of March 15, 2008 or the first date possible after receiving your Department's approval. We are filing these forms concurrently in our domiciliary state of Pennsylvania.

If you have any questions, please contact the undersigned.

Sincerely,



Diane Quarles  
Compliance Analyst  
(610) 617-7751  
Fax 866-478-1433  
[quarlesd@phlyins.com](mailto:quarlesd@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	18058	231738402

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Diane Quarles - Compliance Analyst One Bala Plaza, Suite 100 Bala Cynwyd PA 19004	610-617-7751 877-438-7459	866-478-1433	<a href="mailto:quarlesd@phlyins.com">quarlesd@phlyins.com</a>

**Filing information**

Line of Insurance (see attachment)	Other Liability
Company Program Title (Marketing title) (if applicable)	Directors and Officers
Filing Type ** see note below	Form
This application is used with:	
Effective Date Requested	3/15/08
Filing date	3/4/08
Company Tracking Number	PR AR 0032702F01
Date filing approved in domiciliary state, if applicable	n/a Being filed concurrently

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Cap on Losses from Certified Acts of Terrorism	PI-SLD-001 (01/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	PI-SLD-001 (01/03)	
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;
- Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.



Signature

Diane Quarles

Print Name:

Compliance Analyst

Title: