

SERFF Tracking Number: RLSC-125534111 State: Arkansas
Filing Company: RLI Insurance Company State Tracking Number: # \$0
Company Tracking Number: ATHOME-TERR-0308
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners
Project Name/Number: AT HOME BUSINESS TERRORISM FORMS FILING/ATHOME-TERR-0308

Filing at a Glance

Company: RLI Insurance Company
Product Name: Businessowners SERFF Tr Num: RLSC-125534111 State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: # \$0
Sub-TOI: 05.0002 Businessowners Co Tr Num: ATHOME-TERR-0308 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Authors: Fred Gigliotti, Debbie Stevenson Disposition Date: 03/18/2008
Date Submitted: 03/10/2008 Disposition Status: Accepted For Informational Purposes
Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal): 01/01/2008

State Filing Description:

General Information

Project Name: AT HOME BUSINESS TERRORISM FORMS FILING Status of Filing in Domicile: Authorized
Project Number: ATHOME-TERR-0308 Domicile Status Comments: Filing is authorized for use in Illinois, our domiciliary state, under its file & use requirements.
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 03/18/2008
State Status Changed: 03/18/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

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RLI is submitting, for informational purposes only, its Terrorism Policyholder Disclosure Notice and Selection/Rejection Form, UW 20313G (01/08), for use with its At Home Business Program.

Company and Contact

Filing Contact Information

Fred Gigliotti, Administrator fred_gigliotti@rlicorp.com
 9025 N. Lindbergh Dr. (800) 331-4929 [Phone]
 Peoria, IL 61615

Filing Company Information

RLI Insurance Company CoCode: 13056 State of Domicile: Illinois
 9025 N LINDBERGH DR Group Code: 783 Company Type:
 PEORIA, IL 61615 Group Name: State ID Number:
 (800) 331-4929 ext. 5276[Phone] FEIN Number: 37-0915434

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
RLI Insurance Company	\$0.00	03/10/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Llyweyia Rawlins Informational Purposes		03/18/2008	03/18/2008

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
	Cover Letter	Accepted for Informational Purposes	Yes
Form	Offer of Federal Terrorism Insurance Coverage and Disclosure of Premium	Accepted for Informational Purposes	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Accepted for Information	Offer of Federal Terrorism Insurance Coverage and Disclosure of Premium	UW 20313G	(01/08)	Disclosure/ Replaced Notice	Replaced Form #:0.00 UW 20313G (02/03) Previous Filing #:		UW 20313G (01-08).pdf



NOTICE

OFFER OF FEDERAL TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, (the "Act") that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. Section 102(1) of the Act defines the term "act of terrorism" as 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. The acts of terrorism as defined in Section 102(1) of the Act shall be sometimes referred to herein as "certified acts of terrorism."

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, 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 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 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 IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

SELECTION OR REJECTION OF FEDERAL TERRORISM INSURANCE COVERAGE

- I hereby elect to purchase coverage for certified acts of terrorism for the premium of \$ _____ or ____% of the total policy premium. (Choose applicable amount.)
- I hereby reject this Offer Of Federal Terrorism Insurance Coverage. I understand that by making this election, an exclusion for terrorism losses, as allowed by law, will be made a part of this insurance policy.

(PLEASE NOTE: IF YOU REJECT the Offer Of Federal Terrorism Insurance Coverage, that rejection will not apply to the limited extent that relevant state law requires coverage for fire losses resulting from acts of terrorism certified under the Act. The premium attributable to any such required state coverage is 60% of the federal terrorism premium, which amount is part of and not in addition to the overall property premium charged for this insurance policy.)

Applicant/First Named Insured Signature or
Authorized Signature

Policy Number

Title

RLI Insurance Company
Insurance Company

Date

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Accepted for Informational Purposes 03/18/2008

Comments:

Attachment:

Expedited Transmittal Form.pdf

Satisfied -Name: Cover Letter

Review Status: Accepted for Informational Purposes 03/18/2008

Comments:

Attachment:

@ Home Terrorism Cover Letter.pdf

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

This page applies to the following state(s) All states and D.C.

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 #
RLI INSURANCE COMPANY	Illinois	783-13056	37-0915434

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Fred Gigliotti, Administrator - Insurance Dept. Affairs 9025 North Lindbergh Drive Peoria, Illinois 61615	(800) 331-4929 x5435	(309) 692-4634	Fred_Gigliotti@rlicorp.com

Filing information

Line of Insurance (see attachment)	5.0 (Commercial Multi-Peril) 5.0002 (Businessowners)
Company Program Title (Marketing title) (if applicable)	At Home Business Program
Filing Type ** see note below	Form
This application is used with:	
Effective Date Requested	The form will apply to policies effective on and after January 1, 2008. However, the effective date of this filing is to be coincident with the date of the department's approval.
Filing date	March 11, 2008
Company Tracking Number	ATHOME-TERR-0308
Date filing approved in domiciliary state, if applicable	Filing is authorized for use in Illinois, our domiciliary, under its file & use requirements, effective January 1, 2008.

	<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 Notice - Offer of Federal Terrorism Insurance Coverage and Disclosure of Premium	UW 20313G (01/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	UW 20313G (01/03)	

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.

Fred Gigliotti _____

Administrator - Ins. Dept. Affairs _____

Fred Gigliotti

Signature

Print Name:

Title:

March 11, 2008

RE: RLI INSURANCE COMPANY
NAIC #: 783-13056 FEIN #: 37-0915434
Businessowners Insurance
RLI Insurance Company's Independent At-Home Business Program
Terrorism Risk Insurance Act - Form Filing
Terrorism Disclosure Notice and Selection/Rejection Form UW 20313G
(01/08)
Company Filing #: ATHOME-TERR-0308

RLI Insurance Company is submitting, on an informational basis only, its Terrorism Disclosure Notice and Selection/Rejection Form, UW 20313G (01/08), for use with its At Home Business Program. This form replaces its (01/03) edition currently on file with your department and has been designed in accordance with recent TRIA guidelines. Please note we will be utilizing the terrorism forms filed on our behalf by the Insurance Services Office, Inc.

In conjunction with the enactment of the Terrorism Risk Insurance Program Reauthorization Act of 2007, this form is being implemented for policies effective January 1, 2008, and thereafter.

We trust this submission satisfies the form filing requirements relative to the federal Terrorism Risk Insurance Program Reauthorization Act of 2007 and respectfully request your earliest convenient acknowledgment to this submission. If there are any questions, please do not hesitate to contact me as indicated below.

Sincerely,



Fred Gigliotti
Administrator – Insurance Department Affairs
(800) 331-4929, ext. 5435
E-Mail Address: Fred_Gigliotti@rlicorp.com