

SERFF Tracking Number: SMM-125538942 State: Arkansas  
First Filing Company: State Auto Property and Casualty Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: SAC-WC-2008-257  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: WComp TRIPRA Disclosure  
Project Name/Number: WComp TRIPRA Disclosure/SAC-WC-2008-257

## Filing at a Glance

Companies: State Auto Property and Casualty Insurance Company, State Automobile Mutual Insurance Company

Product Name: WComp TRIPRA Disclosure SERFF Tr Num: SMM-125538942 State: Arkansas  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 16.0004 Standard WC Co Tr Num: SAC-WC-2008-257 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding  
Author: Kathy Hartwell Disposition Date: 03/17/2008  
Date Submitted: 03/13/2008 Disposition Status: Approved  
Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008  
Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: WComp TRIPRA Disclosure Status of Filing in Domicile: Pending  
Project Number: SAC-WC-2008-257 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 03/17/2008 Deemer Date:  
State Status Changed: 03/17/2008  
Corresponding Filing Tracking Number:  
Filing Description:  
Workers Compensation - Disclosure Notice in response to Terrorism Risk Insurance Program Reauthorization Act of 2007

We are a member of NCCI and they have authority to file forms on our behalf. In addition to adopting the forms revisions filed on our behalf by the bureau in response to the Terrorism Risk Insurance Program Reauthorization Act of

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2007 (TRIPRA), we are filing our Disclosure Notice PN0106 01/08.

## Company and Contact

### Filing Contact Information

Kathy Hartwell, Supervisor, State Filings kathy.hartwell@stateauto.com  
 State Auto Insurance Companies (800) 695-9436 [Phone]  
 Columbus, OH 43215 (614) 719-0299[FAX]

### Filing Company Information

State Auto Property and Casualty Insurance CoCode: 25127 State of Domicile: Iowa  
 Company  
 1300 Woodland Avenue Group Code: 175 Company Type: Property and  
 Casualty

P. O. Box 66150  
 West Des Moines, IA 50265-0150 Group Name: State ID Number:  
 (614) 464-5000 ext. [Phone] FEIN Number: 57-6010814  
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State Automobile Mutual Insurance Company CoCode: 25135 State of Domicile: Ohio  
 518 East Broad Street Group Code: 175 Company Type: Property and  
 Casualty

P. O. Box 182822  
 Columbus, OH 43215 Group Name: State ID Number:  
 (614) 464-5000 ext. [Phone] FEIN Number: 31-4316080  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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## Disposition

Disposition Date: 03/17/2008  
Effective Date (New): 01/01/2008  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0



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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	PN 01 06	01 08	Disclosure/ New Notice		0.00	PN 01 06 01 08 WC TRIPRA Disclosure.pdf

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

**SCHEDULE**

Certified Terrorism Loss Premium \$ \_\_\_\_\_

Name of Insurer: \_\_\_\_\_

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

Coverage for acts of terrorism is included in your Workers' Compensation policy. The portion of your annual premium that is attributable to coverage for acts of terrorism is shown in the Schedule above, and does not include any charges for the portion of losses covered by the United States government under the Act.

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 the United States 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.



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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 03/17/2008

**Comments:**

**Attachment:**

AR expedited terrorism transmittal.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 03/17/2008

**Comments:**

**Attachment:**

AR expedited terrorism 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 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 #
State Automobile Mutual Insurance Company	OH	25135	31-4316080
State Auto Property & Casualty Insurance Company	IA	25127	57-6010814

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Kathy Hartwell 518 E. Broad Street Columbus, OH 43215	800.444.9950 (ext. 5048)	614.719.0299	Kathy.Hartwell@StateAuto.com

**Filing information**

<b>Line of Insurance</b> (see attachment)	Workers Compensation
<b>Company Program Title</b> (Marketing title) (if applicable)	Workers Compensation
<b>Filing Type</b> ** see note below	Endorsements
<b>This application is used with:</b>	
<b>Effective Date Requested</b>	01-01-2008
<b>Filing date</b>	March 13, 2008
<b>Company Tracking Number</b>	SAC-WC-2008-257
<b>Date filing approved in domiciliary state, if applicable</b>	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	Policyholder Disclosure Notice of Terrorism Insurance Coverage	PN 01 06 01 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither	New	
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.

*Kathy Hartwell*  
Signature

Kathy Hartwell  
Print Name:

Supervisor-State Filings  
Title:

**EXPEDITED FILING TRANSMITTAL DOCUMENT  
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