

SERFF Tracking Number: SEPX-125558653 State: Arkansas  
First Filing Company: Sentry Insurance a Mutual Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: ML AR08189CGF01  
TOI: 33.0 Other Lines of Business Sub-TOI: 33.0002 Other Commercial Lines  
Product Name: Commercial Multilines  
Project Name/Number: 2008 Multi Line/ML AR08189CGF01

## Filing at a Glance

Companies: Sentry Insurance a Mutual Company, Middlesex Insurance Company, Sentry Select Insurance Company, Sentry Casualty Company

Product Name: Commercial Multilines	SERFF Tr Num: SEPX-125558653	State: Arkansas
TOI: 33.0 Other Lines of Business	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 33.0002 Other Commercial Lines	Co Tr Num: ML AR08189CGF01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: SPI SentryInsurancePC	Disposition Date: 03/25/2008
	Date Submitted: 03/19/2008	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): 01/01/2008

State Filing Description:

## General Information

Project Name: 2008 Multi Line	Status of Filing in Domicile: Not Filed
Project Number: ML AR08189CGF01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 03/25/2008	
State Status Changed: 03/25/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

We are submitting for informational purposes, our filing for the Terrorism Policyholder Notice and selection/rejection forms which the insured may use to select/reject coverage for Certified Acts of Terrorism under the 2007 extension of the Terrorism Risk Insurance Act.

Notice 80 1253 01 08 will be used for renewals and rewrites issued without coverage for Certified Acts of Terrorism

<i>SERFF Tracking Number:</i>	<i>SEPX-125558653</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Sentry Insurance a Mutual Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ML AR08189CGF01</i>		
<i>TOI:</i>	<i>33.0 Other Lines of Business</i>	<i>Sub-TOI:</i>	<i>33.0002 Other Commercial Lines</i>
<i>Product Name:</i>	<i>Commercial Multilines</i>		
<i>Project Name/Number:</i>	<i>2008 Multi Line/ML AR08189CGF01</i>		

(based on the coverage provided by the expiring or replaced policy). The notice includes the required offer of terrorism coverage which the named insured must complete, sign and return if they decide to select continued coverage for Certified Acts of Terrorism.

Notice 80 1254 01 08 will be used for new business and quotes. The notice includes the disclosures required under TRIA as well as the offer of terrorism coverage which the named insured must complete, sign and return to select or reject coverage for Certified Acts of Terrorism.

Notice 80 1255 01 08 will be used on renewals and rewrites issued with coverage for Certified Acts of Terrorism (based on the coverage provided by the expiring or replaced policy). This notice includes required disclosures and a rejection which the named insured must complete, sign and return if they decide to reject continued coverage for Certified Acts of Terrorism.

The aforementioned forms will apply to the following coverages; Businessowners, Fire, Inland Marine, General Liability and Umbrella.

The aforementioned forms will be used for Sentry Select Insurance Company in the following programs; Dealer Operations, Motor Carrier-Non Passenger, Logging and Contractors, and SentryGuard Equipment.

## **Company and Contact**

### **Filing Contact Information**

Lance Broecker, Product Compliance/Development - Analyst 1800 North Point Drive Stevens Point, WI 54481	lance.broecker@sentry.com  (715) 346-8450 [Phone] (715) 346-6044[FAX]
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### **Filing Company Information**

Sentry Insurance a Mutual Company 1800 North Point Drive Stevens Point, WI 54481  (715) 346-6000 ext. [Phone]	CoCode: 24988 Group Code: 169 Group Name: Sentry Insurance Group FEIN Number: 39-0333950 -----	State of Domicile: Wisconsin Company Type: State ID Number:
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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 #
Sentry Insurance a Mutual Company	\$50.00	03/19/2008	18796388

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/25/2008	03/25/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Policyholder Disclosure - Offer of Terrorism Coverage - Disclosure of Premium	Form	SPI SentryInsuranceP C	03/21/2008	03/21/2008

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## Disposition

Disposition Date: 03/25/2008  
Effective Date (New): 01/01/2008  
Effective Date (Renewal): 01/01/2008  
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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Item Type	Item Name	Item Status	Public Access
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form (revised)</b>	Policyholder Disclosure - Offer of Terrorism Coverage - Disclosure of Premium	Approved	Yes
<b>Form</b>	Policyholder Disclosure - Offer of Terrorism Coverage - Disclosure of Premium	Approved	No
<b>Form</b>	Policyholder Disclosure - Offer of Terrorism Coverage - Disclosure of Premium	Approved	Yes
<b>Form</b>	Policyholder Disclosure - Renewal of Terrorism Coverage	Approved	Yes

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**Amendment Letter**

Amendment Date:  
 Submitted Date: 03/21/2008

**Comments:**

Please be informed that a typographical error was identified on our 80 1253 01 08 - Policyholder Disclosure Notice. In the last sentence, "4100 BILLION" should be \$100 BILLION. A corrected version has been attached for your review.

No policies have been issued with the incorrect version.

**Changed Items:**

**Form Schedule Item Changes:**

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Policyholder Disclosure - Offer of Terrorism Coverage - Disclosure of Premium	80-1253 01 01 08	01 08	Disclosu re/Notice	New			0	80-1253 01 08.PDF

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policyholder Disclosure - Offer of Terrorism Coverage - Disclosure of Premium	80-1253 01 08	01 08	Disclosure/ New Notice		0.00	80-1253 01 08.PDF
Approved	Policyholder Disclosure - Offer of Terrorism Coverage - Disclosure of Premium	80-1254 01 08	01 08	Disclosure/ New Notice		0.00	80-1254 01 08.PDF
Approved	Policyholder Disclosure - Renewal of Terrorism Coverage	80-1255 01 08	01 08	Disclosure/ New Notice		0.00	80-1255 01 08.PDF

POLICYHOLDER DISCLOSURE  
OFFER OF TERRORISM COVERAGE  
DISCLOSURE OF PREMIUM

Insured Name  
Insured Address  
Insured Address  
Insured Address

Company Name  
Company Address  
Company Address  
Company Address

This notice applies to the following policy

Policy Number xx-xxxxx-xx  
Policy Effective mm-dd-yyyy to mm-dd-yyyy  
Coverage Provided xxxxxxxxxxxxxxxxxxxxxxxxx  
Xxxxxxxxxxxxxxxxxxxxxxxxxxx  
Xxxxxxxxxxxxxxxxxxxxxxxxxxx

You are hereby notified that under the Terrorism Risk Insurance Act as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism, 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 an air carrier or vessel or the premises of a United States mission and to have been committed by an individual or individuals acting 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." Coverage under your existing policy may be affected as follows:

YOU SHOULD KNOW THAT COVERAGE WE PROVIDE BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES 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 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 EXCEED \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSUREDS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

If you wish to purchase coverage for loss caused by certified acts of terrorism, you must complete this form and return it to us by \_\_\_\_\_.

\_\_\_\_\_ I hereby elect to purchase Terrorism coverage for a premium of \$\_\_\_\_\_.

Policyholder's signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

POLICYHOLDER DISCLOSURE  
OFFER OF TERRORISM COVERAGE  
DISCLOSURE OF PREMIUM

Insured Name  
Insured Address  
Insured Address

Company Name  
Company Address  
Company Address

This notice applies to the following policy

Policy Number xx-xxxxx-xx  
Policy Effective mm-dd-yyyy to mm-dd-yyyy  
Coverage Provided xxxxxxxxxxxxxxxxxxxxxxxxx  
Xxxxxxxxxxxxxxxxxxxxxxx

You are hereby notified that under the Terrorism Risk Insurance Act as amended you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act for the coverages indicated above. 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 an air carrier or vessel 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." Coverage under your existing policy may be affected as follows:

YOU SHOULD KNOW THAT COVERAGE WE PROVIDE BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOU COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS 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 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 LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

\_\_\_\_\_ I hereby elect to purchase Terrorism coverage for a premium of \$\_\_\_\_\_.

\_\_\_\_\_ I hereby reject the offer of Terrorism coverage. I understand that an exclusion of certain terrorism losses will be made part of this policy.

Policyholder's signature \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

POLICYHOLDER DISCLOSURE  
RENEWAL OF TERRORISM COVERAGE

Insured Name  
Insured Address  
Insured Address

Company Name  
Company Address  
Company Address

This notice applies to the following policy

Policy Number xx-xxxxx-xx  
Policy Effective mm-dd-yyyy to mm-dd-yyyy  
Coverage Provided xxxxxxxxxxxxxxxxxxxxxxxxx  
Xxxxxxxxxxxxxxxxxxxxxxxxxxx

Your insurance policy provides coverage for acts of terrorism as defined in the Terrorism Risk Insurance 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 an air carrier or vessel 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 CONTAINS 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 premium for this coverage is specified in your policy and does not include any charges for the portion of losses covered by the United States government under the Act.

You are not required to continue this coverage. If you wish to reject renewal of this coverage, you must indicate your rejection on this form and return the rejection to us with your signature by \_\_\_\_\_.

\_\_\_\_\_ I hereby reject the offer of Terrorism coverage. I understand that an exclusion of losses caused by certified acts of terrorism will be made part of this policy and that any coverage or exclusion presently contained in this policy for non-certified acts of terrorism will not be affected.

Policyholder's signature \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

<i>SERFF Tracking Number:</i>	<i>SEPX-125558653</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Sentry Insurance a Mutual Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ML AR08189CGF01</i>		
<i>TOI:</i>	<i>33.0 Other Lines of Business</i>	<i>Sub-TOI:</i>	<i>33.0002 Other Commercial Lines</i>
<i>Product Name:</i>	<i>Commercial Multilines</i>		
<i>Project Name/Number:</i>	<i>2008 Multi Line/ML AR08189CGF01</i>		

## **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 03/25/2008

**Comments:**

**Attachment:**

AR - EXPD FILING TRANS FOR TER RISK.PDF

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

This page applies to the following state(s) AR

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 #
Sentry Insurance a Mutual Company	WI	169-24988	39-0333950
Middlesex Insurance Company	WI	169-23434	04-1619070
Sentry Select Insurance Company	WI	168-21180	36-2674180
Sentry Casualty Company	WI	169-28460	88-0119246

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Lance Broecker 1800 North Point Drive Stevens Point WI 54481	715-346-6000 Ext. 8450	715-346-6044	lance.broecker@sentry.com

**Filing information**

<b>Line of Insurance</b> (see attachment)	Multiple Lines
<b>Company Program Title</b> (Marketing title) (if applicable)	2008 Multi Line
<b>Filing Type ** see note below</b>	Form
<b>This application is used with:</b>	N/A
<b>Effective Date Requested</b>	01/01/2008
<b>Filing date</b>	March 19, 2008
<b>Company Tracking Number</b>	ML AR08189CGF01
<b>Date filing approved in domiciliary state, if applicable</b>	N/A

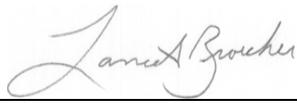
	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Policyholder Disclosure - Offer of Terrorism Coverage - Disclosure of Premium	80-1253 01 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Policyholder Disclosure - Offer of Terrorism Coverage - Disclosure of Premium	80-1254 01 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03	Policyholder Disclosure - Renewal of Terrorism Coverage	80-1255 01 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" 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.



Signature

Lance Broecker

Print Name:

Product  
Compliance/Development -  
Analyst

Title: