

SERFF Tracking Number: UNON-125539078 State: Arkansas
First Filing Company: Continental Western Insurance Company, ... State Tracking Number: #10032334 \$50
Company Tracking Number: 08-BP-FM-12
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: 2008 BOP Terrorism Filings
Project Name/Number: 03-08 BOP AR Terrorism Filings/

Filing at a Glance

Companies: Continental Western Insurance Company, Union Insurance Company, Acadia Insurance Company

Product Name: 2008 BOP Terrorism Filings SERFF Tr Num: UNON-125539078 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: #10032334 \$50

Sub-TOI: 05.0002 Businessowners Co Tr Num: 08-BP-FM-12 State Status: Fees verified and received

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

Authors: Frances Linker, Mark Jones, Tamara Manuel Disposition Date: 03/25/2008

Date Submitted: 03/19/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval Effective Date (New): 03/14/2008

Effective Date Requested (Renewal): On Approval Effective Date (Renewal): 03/14/2008

State Filing Description:

General Information

Project Name: 03-08 BOP AR Terrorism Filings

Project Number:

Reference Organization: ISO

Reference Title: Terrorism

Filing Status Changed: 03/25/2008

State Status Changed: 03/24/2008

Corresponding Filing Tracking Number:

Filing Description:

For all business, the Companies propose to adopt forms in ISO reference document numbers BP-2007-OTRP1 Supplement. This filing accompanies the form filing made in response to enactment of the Terrorism Risk Insurance Program Reauthorization Act of 2007.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number: BP-2007-OTRP1 and BP-2007-RTRP1

Advisory Org. Circular:

Deemer Date:

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We also wish to adopt company form CL PN 01 47 03 08 and CL PN 02 49 03 08.

Companion rule filings were filed by Insurance Services Office in filing reference number BP-2007-RTRP1. The Companies propose to adopt that filing.

As we are filing via SERFF, our check for \$50.00 for the filing fees will be mailed shortly.

Should you have any questions or wish to discuss this matter further, please feel free to write, email (tmanuel@usic.com), or call me at (800) 444-0049, extension 2843. My fax number is (972) 719-2348.

Company and Contact

Filing Contact Information

Frances Linker, Compliance Analyst flinker@usic.com
 P. O. Box 152180 (972) 719-2400 [Phone]
 Irving, TX 75015-2180 (972) 719-2301[FAX]

Filing Company Information

Continental Western Insurance Company	CoCode: 10804	State of Domicile: Iowa
P. O. Box 152180	Group Code: 98	Company Type: P & C
Irving, TX 75015-2180	Group Name: W. R. Berkley	State ID Number:
(972) 719-2400 ext. 2465[Phone]	FEIN Number: 42-0594770	

Union Insurance Company	CoCode: 25844	State of Domicile: Iowa
122 W. Carpenter Freeway	Group Code: 98	Company Type: P&C
Suite 350		
Irving, TX 75039	Group Name: W. R. Berkle	State ID Number:
(972) 719-2400 ext. 2465[Phone]	FEIN Number: 47-0547953	

Acadia Insurance Company	CoCode: 31325	State of Domicile: New Hampshire
P. O. Box 152180	Group Code: 98	Company Type: P & C
Irving, TX 75015-2180	Group Name: W. R. Berkley	State ID Number:
(972) 719-2465 ext. [Phone]	FEIN Number: 01-0471706	

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per filing
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0010032334	\$50.00	03/05/2008

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Correspondence Summary

Dispositions

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

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Effective Date	Note To Reviewer	Tamara Manuel	03/25/2008	03/25/2008
Effective Date	Note To Filer	Llyweyia Rawlins	03/24/2008	03/24/2008

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Disposition

Disposition Date: 03/25/2008
Effective Date (New): 03/14/2008
Effective Date (Renewal): 03/14/2008
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
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Policyholder Terrorism Notice - Quote	Approved	Yes
Form	Policyholder Terrorism Notice - Issue	Approved	Yes

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Note To Reviewer

Created By:

Tamara Manuel on 03/25/2008 08:37 AM

Subject:

Effective Date

Comments:

Ms. Rawlins,

It was a typo. It should have been 3/14/08 (the date of the letter).

Thank you!

Tamara Manuel

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Note To Filer

Created By:

Llyweyia Rawlins on 03/24/2008 03:12 PM

Subject:

Effective Date

Comments:

On the Property & Casualty Transmittal Document you have effective date of 3/1/2006.
Is this a typo error? We can make effective 3/1/2008.

Thank You

Llyweyia Rawlins

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 First Filing Company: Continental Western Insurance Company, ... State Tracking Number: #10032334 \$50
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policyholder Terrorism Notice - Quote	CL PN 01 47	03 08	Disclosure/ New Notice		0.00	CL PN 01 47 03 08, Initial or Ren Offer PN.pdf
Approved	Policyholder Terrorism Notice - Issue	CL PN 02 49	03 08	Disclosure/ New Notice		0.00	CL PN 02 49 03 08, Terrorism Purchase After Quote PN.pdf

<NAMED INSURED>
<QUOTATION/POLICY NUMBER>
<EFFECTIVE DATE>

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

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: 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.

Coverage under your _____ NEW or _____ RENEWAL policy may be affected as follows:

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 ACT, 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.

Acceptance or Rejection of Terrorism Insurance Coverage

	I hereby elect to purchase terrorism coverage, subject to the limitations of the Act, for acts of terrorism as defined in the Act, for a prospective premium of \$_____.
	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant's Signature

Insurance Company

Print Name

Policy Number

Date

<NAMED INSURED>
<QUOTATION/POLICY NUMBER>
<EFFECTIVE DATE>

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

Coverage for acts of terrorism, as defined in the Terrorism Risk Insurance Act, as amended, (the "Act"), is included in your policy. You are hereby notified that under the Act 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 Act. 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 Act 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 portion of your annual premium that is attributable to coverage for acts of terrorism as defined in the Act, is \$ _____ and does not include any charges for the portion of losses covered by the United States Government under the Act.

Name of Insurer: _____
Policy Number: _____

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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: Approved 03/25/2008

Comments:
Attachment:
03-06 BOP Trans Forms.pdf

Property & Casualty Transmittal Document (Revised 1/1/04)

1. Reserved for Insurance Dept. Use Only

2. Insurance Department Use only

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

f. State Filing #:

g. SERFF Filing #:

3. Group Name	Group NAIC #
W. R. Berkley Corp.	0098

4. Company Name(s)	Domicile	NAIC #	FEIN #
Continental Western Insurance Company	IA	10804	42-0594770
Union Insurance Company	NE	25844	47-0547953

5. Company Tracking Number	06-BP-FM-3
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Frances C. Linker Irving, TX 75015-2180	Compliance Analyst	800-444-0049, ext. 2465	972-719-2301	flinker@usic.com

7. Signature of authorized filer	<i>Frances Linker</i>
8. Please print name of authorized filer	Frances C. Linker

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	05.0
10. Sub-Type of Insurance (Sub-TOI)	05.0002
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Businessowners
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 3/1/2006 Renewal: : 3/1/2006
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	12/22/05
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	06-BP-FM-3
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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Continental Western Insurance Company and Union Insurance Company propose to adopt the following company endorsements for all policies effective on or after March 1, 2006.

- CL BP 20 10 03 06 Additional Insured – Owners, Lessees or Contractors - Completed Operations
- CL BP 20 11 03 06 Additional Insured – Owners, Lessees or Contractors – Ltd. Comp. Operations
- CL BP 20 12 03 06 Additional Insured – Owners, Lessees or Contractors – Ltd. Comp. Operations
- CL BP 20 13 03 06 Additional Insured – Owners, Lessees or Contractors – Ltd. Comp. Operations
- CL BP 20 14 03 06 Additional Insured – Owners, Lessees or Contractors – Ltd. Comp. Operations
- CL BP 20 15 03 06 Additional Insured – Owners, Lessees or Contractors – Ltd. Comp. Operations
- CL BP 20 16 03 06 Additional Insured – Owners, Lessees or Contractors – Ltd. Comp. Operations
- CW 23 51 08 04 Additional Insured Provisions Property Coverage
- CL BP 01 27 03 06 Exclusion – Designated Operations Covered by a Consolidated Ins.Program
- CL BP 01 28 11 05 Amendment of Primary and Excess Liability Provisions (Additional Insureds)
- CL IL 00 06B 03 05 Declarations Extension Endorsement

The CL BP 20 endorsements are being filed to complement the GL Completed Operations Additional Insured endorsements, which have already been filed and approved. CW 23 51 is a property endorsement to accompany the CL BP 20 endorsements. CL CP 01 28 is to replace CL BP 01 22 of the same title. Although the language has been reworked extensively (thus the new number), the intent has not changed. Liability coverage for additional insureds will continue to be excess. CL BP 01 28 is being filed to complement the similar GL endorsement. CL IL 00 06B is to replace CL IL 00 06. To accommodate our policy issuance system we had to eliminate the bullet dots in front of each type of change shown and we had to have a separate form number for each line of business.

We are enclosing a copy of our revised company manual (exception pages). The only changes are the ones applying to the forms listed above (excluding CL IL 006B) and the effective/revision dates shown at the bottom of the pages.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: As we are filing via SERFF, our check for the filing fees will be mailed shortly.
Amount: \$50.00

 (\$50.00 per filing)

Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state’s checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing.)

1.	This filing transmittal is part of Company Tracking #	06-BP-FM-3			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Add'l Insured – Owners, Lessees or Contractors – Comp'd Operations	CL BP 20 10 03 06	[] Replacement [] Withdrawn [X] Neither		
02	Add'l Insured – O, L or C – Ltd. Completed Operations Coverage	CL BP 20 11 03 06	[] Replacement [] Withdrawn [X] Neither		
03	Add'l Insured – O, L or C – Ltd. Completed Operations Coverage	CL BP 20 12 03 06	[] Replacement [] Withdrawn [X] Neither		
04	Add'l Insured – O, L or C – Ltd. Completed Operations Coverage	CL BP 20 13 03 06	[] Replacement [] Withdrawn [X] Neither		
05	Add'l Insured – O, L or C – Ltd. Completed Operations Coverage	CL BP 20 14 03 06	[] Replacement [] Withdrawn [X] Neither		
06	Add'l Insured – O, L or C – Ltd. Completed Operations Coverage	CL BP 20 15 03 06	[] Replacement [] Withdrawn [X] Neither		
07	Add'l Insured – O, L or C – Ltd. Completed Operations Coverage	CL BP 20 16 03 06	[] Replacement [] Withdrawn [X] Neither		
08	Additional Insured Provisions Property Coverage	CW 23 51 08 04	[] Replacement [] Withdrawn [X] Neither		
09	Exclusion – Designated Operations Covered by a Cons. Ins. Program	CL BP 01 27 03 06	[] Replacement [] Withdrawn [X] Neither		
10	Amendment of Primary and Excess Liability Provisions	CL BP 01 28 11 05	[X] Replacement [] Withdrawn [] Neither	CL BP 01 22 05 05	
11	Declarations Extension Endorsement	CL IL 00 06B 03 05	[X] Replacement [] Withdrawn [] Neither	CL IL 00 06 01 05	

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) (**Do not refer to the body of the filing for the forms listing.**) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing.)

1.	This filing transmittal is part of Company Tracking #	06-BP-FM-3
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	06-BP-FM-3
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Overall percentage rate impact for this filing	0
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4.	Effect of Rate Filing – Written premium change for this program	N/A
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5.	Effect of Rate Filing – Number of policyholders	
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6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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7. Rate Change by Company			
Company Name	Percentage Change for this program	# of policyholders for this program	Written premium for this program

8.	Overall percentage of last rate revision	
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9.	Effective Date of last rate revision	
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10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or withdrawn?	Previous state filing number, if required by state
01	Revised Company Manual – revised pages 2, 10, 12, 13, and 20	AR-BOP-Exc- Pages 1 through 20	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)