

SERFF Tracking Number: UNON-125550779 State: Arkansas
First Filing Company: Continental Western Insurance Company, ... State Tracking Number: #10032336 \$50
Company Tracking Number: 08-FM-FM-2
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: 2008 FarmL Terrorism Filing
Project Name/Number: 03-08 FarmL Terrorism Filings/

Filing at a Glance

Companies: Continental Western Insurance Company, Union Insurance Company

Product Name: 2008 FarmL Terrorism Filing SERFF Tr Num: UNON-125550779 State: Arkansas

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: #10032336 \$50

Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: 08-FM-FM-2 State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Authors: Frances Linker, Mark Jones, Tamara Manuel

Disposition Date: 03/24/2008

Date Submitted: 03/19/2008

Disposition Status: Accepted For Informational Purposes

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: 03-08 FarmL Terrorism Filings

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization: ISO

Reference Number: FR-2007-OLTR1 & FR-2007-RLTR1

Reference Title: Terrorism

Advisory Org. Circular:

Filing Status Changed: 03/24/2008

Deemer Date:

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 number FR-2007-OLTR1. This filing accompanies the form filing made in response to enactment of the Terrorism Risk Insurance Program Reauthorization Act of 2007.

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

SERFF Tracking Number:	UNON-125550779	State:	Arkansas
First Filing Company:	Continental Western Insurance Company, ...	State Tracking Number:	#10032336 \$50
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TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	2008 FarmL Terrorism Filing		
Project Name/Number:	03-08 FarmL Terrorism Filings/		

Companion rule filings were filed by ISO in filing reference numbers FR-2007-RLTR1. The Companies propose to adopt those filings, as well as their company exception.

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 call me at (800) 444-0049, extension 2843. My fax number is 972-719-2348, or you may email me at tmanuel@usic.com.

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	Group Name: W. R. Berkle	State ID Number:
Irving, TX 75039	FEIN Number: 47-0547953	
(972) 719-2400 ext. 2465[Phone]	-----	

Filing Fees

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

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Per Company: No

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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0010032336	\$50.00	03/05/2008

SERFF Tracking Number: UNON-125550779 State: Arkansas
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Product Name: 2008 FarmL Terrorism Filing
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Becky Harrington Informational Purposes		03/24/2008	03/24/2008

SERFF Tracking Number: UNON-125550779 State: Arkansas
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Disposition

Disposition Date: 03/24/2008

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

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	Accepted for Informational Purposes	Yes
Form	Policyholder Terrorism Notice - Quote	Accepted for Informational Purposes	Yes
Form	Policyholder Terrorism Notice - Issue	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 - Quote al Purposes	Policyholder Terrorism Notice	CL PN 01 47	03 08	Disclosure/ New Notice		0.00	CL PN 01 47 03 08, Initial or Ren Offer PN.pdf
Accepted for Information - Issue al Purposes	Policyholder Terrorism Notice	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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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Accepted for Informational 03/24/2008
Purposes

Comments:

Attachment:

03-08 FarmL Filing TForms Trans.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	08-FM-FM-2
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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
Tamara C. Manuel Irving, TX 75015-2180	Filings Analyst	800-444-0049, ext. 2843	972-719-2348	tmanuel@usic.com
7. Signature of authorized filer	<i>Tamara C. Manuel</i>			
8. Please print name of authorized filer	Tamara C. Manuel			

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

9. Type of Insurance (TOI)	17.2
10. Sub-Type of Insurance (Sub-TOI)	17.2001
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Farm Liability
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: Upon Approval Renewal: Upon Approval
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO
17. Reference Organization # & Title	FR-2007-OLTR1, FR-2007-RLTR1
18. Company's Date of Filing	3/14/008
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 #	08-FM-FM-2
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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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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]
<p>Check #: will be mailed shortly Amount: \$50.00</p> <p>(\$50.00 per filing)</p> <p>Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.</p>	

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