

SERFF Tracking Number: ACEH-125592110 State: Arkansas
Filing Company: ACE American Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 08-MR-2007616
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: 08-MR-2007616
Project Name/Number: Allied Health/TRIPRA/08-MR-2007616

Filing at a Glance

Company: ACE American Insurance Company

Product Name: 08-MR-2007616

SERFF Tr Num: ACEH-125592110 State: Arkansas

TOI: 17.0 Other Liability - Claims
Made/Occurrence

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 08-MR-2007616

State Status: Fees verified and
received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding

Authors: Marlene Thomas, Bob
Wolfrom, Jennifer Loughran

Disposition Date: 04/14/2008

Date Submitted: 04/02/2008

Disposition Status: Approved

Effective Date Requested (New): 12/26/2007

Effective Date (New):

Effective Date Requested (Renewal): 12/26/2007

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Allied Health/TRIPRA

Status of Filing in Domicile:

Project Number: 08-MR-2007616

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/14/2008

State Status Changed: 04/14/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing PF-23789a, Terrorism Exclusion, to replace PF-14120a, Terrorism Exclusion. Endorsement PF-14120a was recently approved under our filing number 08-MR-2007-519. PF-14120a was initially revised to also exclude (in addition to certified acts of terrorism) "other acts of terrorism". However, upon further review of the Terrorism Risk Insurance Program Reauthorization Act, we concluded that it was unnecessary to have such an exclusion. We are also withdrawing or will cease to use endorsement PF-23692, Other Acts of Terrorism, for the same reason.

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Company and Contact

Filing Contact Information

Robert Wolfrom, CPCU, Regulatory Specialist robert.wolfrom@ace-ina.com
 436 Walnut Street (215) 640-5123 [Phone]
 Philadelphia, PA 19106 (215) 640-4986[FAX]

Filing Company Information

ACE American Insurance Company CoCode: 22667 State of Domicile: Pennsylvania
 PO Box 1000 Group Code: 626 Company Type:
 436 Walnut Street
 Philadelphia, PA 19106 Group Name: State ID Number:
 (215) 640-5123 ext. [Phone] FEIN Number: 95-2371728

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACE American Insurance Company	\$50.00	04/02/2008	19223784

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	04/14/2008	04/14/2008

SERFF Tracking Number: *ACEH-125592110* *State:* *Arkansas*
Filing Company: *ACE American Insurance Company* *State Tracking Number:* *EFT \$50*
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Product Name: *08-MR-2007616*
Project Name/Number: *Allied Health/TRIPRA/08-MR-2007616*

Disposition

Disposition Date: 04/14/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing memo	Approved	Yes
Supporting Document	TRIPRA Expedited Form	Approved	Yes
Form	Terrorism Exclusion	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Terrorism Exclusion	PF-23789a	(03/08)	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 PF-14120a (01/08) Previous Filing #: 08-MR-2007519		Certified Act of Terrorism Exclusion_P F23789a.pdf

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period To	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Terrorism Exclusion

This endorsement modifies insurance provided under the following:

Allied Healthcare General Liability and Professional Liability Coverage General Policy Provisions
Allied Healthcare General Liability Coverage Part (Claims Made)
Allied Healthcare General Liability Coverage Part (Occurrence)

It is agreed that:

1. The Additional Exclusions section of the General Liability Coverage Part is amended by adding the following:
 - **TERRORISM**
"Any injury or damage" arising, directly or indirectly, out of a "certified act of terrorism" including any action taken in the hindering or defending against any actual or expected "certified act of terrorism" regardless of any other cause or event that contributes concurrently or in any sequence to the injury or damage.
2. The following definitions are added to the Definitions section of the General Policy Provisions:
 - "Certified act of terrorism" means an 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 pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" is as follows:
 1. The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
 2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is 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.
 - "Any injury or damage" means any injury or damage covered under any Coverage Part, which the "insured" purchased and to which this endorsement is applicable, and may include but is not limited to "bodily injury", "property damage" and "personal and advertising injury", or "injury" as may be defined in any applicable Coverage Part.
3. In the event of any incident of terrorism that is not subject to this exclusion, coverage does not apply to any damage that is otherwise excluded under the Policy.

All other terms, conditions and exclusions of the policy remain unchanged.

Authorized Representative

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Bypassed -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	04/14/2008
Bypass Reason:	n/a		
Comments:			
Satisfied -Name:	Filing memo	Review Status: Approved	04/14/2008
Comments:			
Attachment:			
Filing Memo.pdf			
Satisfied -Name:	TRIPRA Expedited Form	Review Status: Approved	04/14/2008
Comments:			
Attachment:			
TRIPRA Expedited Filing Form-AR.pdf			

ACE American Insurance Company
Allied Health TRIPRA
Filing Memorandum

We are filing PF-23789a, Terrorism Exclusion, to replace PF-14120a, Terrorism Exclusion. Endorsement PF-14120a was recently approved under our filing number 08-MR-2007-519. PF-14120a was initially revised to also exclude (in addition to certified acts of terrorism) "other acts of terrorism". However, upon further review of the Terrorism Risk Insurance Program Reauthorization Act, we concluded that it was unnecessary to have such an exclusion. We are also withdrawing or will cease to use endorsement PF-23692, Other Acts of Terrorism, for the same reason.

In place of PF-14120a, we will be using PF-23789a. PF-23789a is a "certified acts of terrorism" exclusion and will be used on policies where the insured has rejected TRIA coverage. The definition of Certified Act of Terrorism is consistent with the new TRIPRA definition. Insureds who accept terrorism coverage will receive the disclosure notice which was submitted under our filing number 08-MR-2007-519.

**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 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 #
ACE American Insurance Company	PA	22667	95-2371728

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Robert Wolfrom 436 Walnut Street, WBO4G Philadelphia, PA 19106	215.640.5123	215.640.4986	robert.wolfrom@ace-ina.com

Filing information

Line of Insurance (see attachment)	17.0 Other Liability
Company Program Title (Marketing title) (if applicable)	17.0001 Commercial General Liability
Filing Type ** see note below	Forms
This application is used with:	PF-23789a (03/08)
Effective Date Requested	12/26/2007
Filing date	4/2/08
Company Tracking Number	08-MR-2007616
Date filing approved in domiciliary state, if applicable	

	<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	Terrorism Exclusion	PF-23789a (03/08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	PF-14120a (01/08)	
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.

Robert E. Wolfrom
Signature

Robert E. Wolfrom _____
Print Name:

Sr. Regulatory Specialist
Title: