

SERFF Tracking Number: ALSX-125581232 State: Arkansas  
Filing Company: Allstate Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: BF1529  
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)  
Product Name: Coml Property  
Project Name/Number: 2008 - Revised Terrorism Dec /BF1529

## Filing at a Glance

Company: Allstate Insurance Company

Product Name: Coml Property

TOI: 01.0 Property

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Filing Type: Form

SERFF Tr Num: ALSX-125581232

SERFF Status: Closed

Co Tr Num: BF1529

Co Status:

Author: SPI AllState

Date Submitted: 03/26/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Disposition Date: 04/03/2008

Disposition Status: Approved

Effective Date (New): 10/01/2008

Effective Date (Renewal): 10/01/2008

Effective Date Requested (New): 10/01/2008

Effective Date Requested (Renewal): 10/01/2008

State Filing Description:

## General Information

Project Name: 2008 - Revised Terrorism Dec

Project Number: BF1529

Reference Organization:

Reference Title:

Filing Status Changed: 04/03/2008

State Status Changed: 04/03/2008

Corresponding Filing Tracking Number:

Filing Description:

The Terrorism Risk Insurance Act, as amended, has been extended for seven years, through 2014. We have; therefore, revised the Commercial Property Policy Declarations Pages to reflect the extension of the Act, and to include the change in the federal backstop for 2008.

Effective date:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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New business: 10/1/08

Renewals: 10/1/08

## Company and Contact

### Filing Contact Information

Kelly Urban, State Filings Analyst  
 2775 Sanders Road  
 Northbrook, IL 60062

kurban@allstate.com  
 (847) 402-0157 [Phone]  
 (847) 402-9757[FAX]

### Filing Company Information

Allstate Insurance Company  
 2775 Sanders Road

CoCode: 19232  
 Group Code: 8

State of Domicile: Illinois  
 Company Type: Property and  
 Casualty

Suite A5  
 Northbrook, IL 60062  
 (847) 402-5000 ext. [Phone]

Group Name: Allstate  
 FEIN Number: 36-0719665

State ID Number:

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 1 dec x \$50 (AR Requirement-forms) x 1 company = \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Insurance Company	\$50.00	03/26/2008	18991581

*SERFF Tracking Number:*      *ALSX-125581232*                      *State:*                      *Arkansas*  
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## **Correspondence Summary**

### **Dispositions**

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	04/03/2008	04/03/2008

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## **Disposition**

Disposition Date: 04/03/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal): 10/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.



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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Commercial Property Coverage Part	BU6108-4	1-08	Declaration Replaced s/Schedule	Replaced Form #:0.00 BU6108-3 Previous Filing #: AR-PC-06-022236		BU6108-4 .PDF

**ALLSTATE INSURANCE COMPANY**  
**A STOCK INSURANCE COMPANY**

HOME OFFICE 6 2775 SANDERS ROAD  
 NORTHBROOK, IL

**Commercial Property Coverage Part**

POLICY NO.

DECLARATIONS

**1. Named Insured**

**Address**

Description of Insured Premises		
PREM. NO.	BLDG. NO	LOCATION, CONSTRUCTION AND OCCUPANCY

**2. Policy Period:** From \_\_\_\_\_ To \_\_\_\_\_  
 Standard time at \_\_\_\_\_ at the location of the insured premises

**3. Coverages Provided** (Insurance at the described premises applies only for coverages for which a limit of insurance is shown.)

PREM. NO.	BLDG. NO.	COVERGE	COINS*	RATES	COVERED CAUSES OF LOSS	LIMIT OF INSURANCE

- COINSURANCE – If Extra Expense Coverage, Limits on Loss payment

**DECLARATIONS – Commercial Property Coverage Part Policy (continued)**

**ALLSTATE INSURANCE COMPANY  
A STOCK INSURANCE COMPANY**

**4. Optional Coverages** (Applicable only when entries are made in the Schedule Below)

PREM. NO.	BLDG. NO.	AGREED VALUE EXPIRATION DATE	COVERAGE	AMOUNT	REPLACEMENT COST (X)	
					Building	Personal Property
INFLATION GUARD (Percentage)			BUSINESS INCOME			
BUILDING		PERSONAL PROPERTY	MONTHLY LIMIT OF INDEMNITY (Fraction)	MAXIMUM PERIOD OF INDEMNITY (x)	EXTENDED PERIOD OF INDEMNITY (Days)	

**5. Mortgage Holders**

PREM. NO.	BLDG NO.	MORTGAGE HOLDER NAME AND MAILING ADDRESS

**6. Deductible:**

**7. Forms Applicable:**

**8. Annual premium for the Policy and Optional Coverages**

**\$**

**DECLARATIONS – Commercial Property Coverage Part Policy (continued)**

**ALLSTATE INSURANCE COMPANY  
A STOCK INSURANCE COMPANY**

The portion of the **annual premium for the policy and optional coverages** shown on page 2 of the Declarations that is attributable to coverage for losses caused by "acts of terrorism" to which the Program established by the "Terrorism Risk Insurance Act", as amended applies is \$ \_\_\_\_\_. **SEE DISCLOSURE NOTICE ON PAGE 4 of 4.**

IN WITNESS WHEREOF, Allstate has caused this policy to be signed by its Secretary and its President at Northbrook, Illinois.

Secretary

President

Counter Signed by \_\_\_\_\_, Authorized Agent

**DECLARATIONS – Commercial Property Coverage Part Policy (continued)**

**ALLSTATE INSURANCE COMPANY  
A STOCK INSURANCE COMPANY**

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

The federal "Terrorism Risk Insurance Act," as amended establishes a temporary federal Program (the federal Program) providing for a system of shared public and private compensation for certain insured commercial property and casualty losses resulting from "acts of terrorism," as defined in the federal Act.

The federal Act defines an "act of terrorism" as 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; 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 of the United States in the case of certain air carriers or vessels or on the premises of a United States mission; and to have been committed by an individual or individuals, as a 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.

**DISCLOSURE OF FEDERAL SHARE OF COMPENSATION FOR INSURED LOSSES**

Insured losses caused by "acts of terrorism" to which the federal Program applies would be partially reimbursed by the United States of America under a formula established by the federal Act. Under that formula, the United States of America pays 85 percent of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceeds \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

**DISCLOSURE OF PREMIUM**

**[AI: Only one (1) of the below should print.]**

Your insurance coverage includes coverage for losses caused by "acts of terrorism" to which the federal Program applies (subject to policy terms, conditions, limitations and exclusions). The portion of your annual premium that is attributable to coverage for losses caused by "acts of terrorism" to which the federal Program applies is \$XX.XX.

**[OR]**

Your insurance coverage does not include coverage for losses caused by "acts of terrorism" to which the federal Program applies. Accordingly, the portion of your annual premium that is attributable to coverage for losses caused by "acts of terrorism" to which the federal Program applies is \$0.00. If you would like your insurance coverage to include coverage for losses caused by "acts of terrorism" to which the federal Program applies (subject to policy terms, conditions, limitations and exclusions), you may purchase that coverage for an additional annual premium charge of \$XX.XX. Please ask your agent for more information.

**[OR]**

Your insurance coverage does not include coverage for losses caused by "acts of terrorism" to which the federal Program applies, other than for losses to covered property caused by fire resulting from such "acts of terrorism." The portion of your annual premium that is attributable to coverage for losses to covered property caused by fire resulting from "acts of terrorism" to which the federal Program applies is \$XX.XX. If you would like your insurance coverage to include additional coverage for losses caused by "acts of terrorism" to which the federal Program applies, you may purchase that additional coverage for

an additional annual premium charge of \$XX.XX. Coverage is subject to policy terms, conditions, limitations and exclusions. Please ask your agent for more information.

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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 04/03/2008

**Comments:**

**Attachments:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
AR - NAIC FORM FILING SCHEDULE.PDF

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>
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<b>2. Insurance Department Use only</b>	
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

<b>3. Group Name</b>	<b>Group NAIC #</b>
Allstate	008

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Allstate Insurance Company	IL	19232	36-0719665	

<b>5. Company Tracking Number</b>	BF1529
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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
	Kelly Urban 2775 Sanders Road, Suite A5 Northbrook IL 60062	State Filings Analyst	800-366-2958 Ext. 20157	847-402-9757	kurban@allstate.com

<b>7.</b>	Signature of authorized filer	
<b>8.</b>	Please print name of authorized filer	Kelly Urban

**Filing Information** (see General Instructions for descriptions of these fields)

<b>9.</b>	Type of Insurance (TOI)	01.0 Property
<b>10.</b>	Sub-Type of Insurance (Sub-TOI)	01.0001 Commercial Property (Fire and Allied Lines)
<b>11.</b>	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
<b>12.</b>	Company Program Title (Marketing Title)	
<b>13.</b>	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input 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)
<b>14.</b>	Effective Date(s) Requested	New: 10-1-2008      Renewal: 10-1-2008
<b>15.</b>	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	Reference Organization (if applicable)	N/A
<b>17.</b>	Reference Organization # & Title	
<b>18.</b>	Company's Date of Filing	3-26-2008
<b>19.</b>	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

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	BF1529
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The Terrorism Risk Insurance Act, as amended, has been extended for seven years, through 2014. We have; therefore, revised the Commercial Property Policy Declarations Pages to reflect the extension of the Act, and to include the change in the federal backstop for 2008.

Effective date:  
 New business: 10/1/08  
 Renewals: 10/1/08

<b>22.</b>	<p><b>Filing Fees</b> (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> <p><b>Check #:</b> EFT  <b>Amount:</b> \$50.00</p> <p>1 dec x \$50 (AR Requirement-forms) x 1 company = \$50.00</p> <p style="text-align: center;"><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>
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\*\*\*Refer to 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, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	BF1529
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	N/A
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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	Commercial Property Coverage Part	BU6108-4 1-08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BU6108-3	AR-PC-06-022236
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		