

SERFF Tracking Number: ASPX-125583850 State: Arkansas
Filing Company: American Security Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: CF AR03005ASF01
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Residential & Commercial Flood Program
Project Name/Number: Residential & Commercial Flood Program/CF AR03005ASF01

Filing at a Glance

Company: American Security Insurance Company

Product Name: Residential & Commercial Flood Program
SERFF Tr Num: ASPX-125583850 State: Arkansas

TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: CF AR03005ASF01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: SPI AssurantPC	Disposition Date: 04/04/2008
	Date Submitted: 03/28/2008	Disposition Status: Approved
Effective Date Requested (New):		Effective Date (New): 04/30/2008
Effective Date Requested (Renewal): 04/30/2008		Effective Date (Renewal): 04/30/2008

State Filing Description:

General Information

Project Name: Residential & Commercial Flood Program

Project Number: CF AR03005ASF01

Reference Organization:

Reference Title:

Filing Status Changed: 04/04/2008

State Status Changed: 04/04/2008

Corresponding Filing Tracking Number:

Filing Description:

Re: American Security Insurance Company

NAIC #0019-42978/FEIN #58-1529575

LOB: Commercial Fire

Residential and Commercial Flood Program

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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Company Filing Number: RCF CF AR03005ASF01

Form Filing (Prior Approval -Expedited)

Form Title New Form # Replaced Form #

Disclosure Notice N8051-0108 N8051-0306

Certified Acts of Terrorism

Coverage and Cap MSP CERT ACTS END (03-08) N/A

Dear Director:

The above referenced program is approved in your state. At this time, we are submitting the following forms, under the expedited filing procedures for the Terrorism Risk Insurance Program Reauthorization Act of 2007, for your review and approval.

We would like to replace Disclosure Notice N8051-0306 with Disclosure Notice N8051-0108. The revised form reflects changes in the Act. Also, the "Insurer" and "Policy Number" sections are bracketed and will be completed appropriately upon issuance.

We would like to add a new form, Certificated Acts of Terrorism Coverage and Cap on Certified Acts Losses, MSP CERT ACTS END (03-08). This form provides the definition of a certified act of terrorism and explains coverage provided under the requirements of the Terrorism Risk Insurance Act.

We are requesting an effective date of on or after April 30, 2008.

Thank you kindly for your attention to this filing.

Sincerely,

Miriam L. McReynolds

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Company and Contact

Filing Contact Information

Miriam McReynolds, Compliance Specialist Miriam.McReynolds@assurant.com
 260 Interstate N. Circle NW (770) 763-2514 [Phone]
 Atlanta, GA 33039 (770) 859-4944[FAX]

Filing Company Information

American Security Insurance Company CoCode: 42978 State of Domicile: Delaware
 260 Interstate N. Circle NW Group Code: 19 Company Type:
 Atlanta, GA 33039 Group Name: Assurant, Inc. Group State ID Number:
 (305) 253-2244 ext. [Phone] FEIN Number: 581529575

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Security Insurance Company	\$50.00	03/28/2008	19075885

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/04/2008	04/04/2008

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Disposition

Disposition Date: 04/04/2008

Effective Date (New): 04/30/2008

Effective Date (Renewal): 04/30/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ASPX-125583850 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Expedited Filing Transmittal Document	Approved	Yes
Form	Disclosure Notice (Terrorism Risk Insurance Act)	Approved	Yes
Form	Certified Acts of Terrorism Coverage and Cap	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Disclosure Notice (Terrorism Risk Insurance Act)	N8051-0108	012008	Disclosure/ Replaced Notice	Replaced Form #:0.00 N8051-0306 Previous Filing #:		N8051-0108.PDF
Approved	Certified Acts of Terrorism Coverage and Cap	MSP CERT ACTS END (03-08)	032008	Endorsement/Amendment/Conditions New		0.00	MSP CERT ACTS END (03-08).PDF

DISCLOSURE NOTICE – APPLICANT OR POLICYHOLDER PURSUANT TO TERRORISM RISK INSURANCE ACT

Coverage for acts of terrorism is already included in your current policy or new/renewal premium quotation.

The premium that is attributable to coverage for acts of terrorism has been waived for the current policy term. Future premium charges for terrorism coverage, if any, will be made at the time of your next policy renewal.

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 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 Terrorism Risk Insurance Act, as amended. 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 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.

If you should have any questions regarding this notice, please contact your independent insurance agent or insurance company.

[Insurer]

[Policy Number]

CERTIFIED ACTS OF TERRORISM COVERAGE AND CAP ON CERTIFIED ACTS LOSSES

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This policy insures covered losses resulting from certified acts of terrorism.

“Certified act of terrorism” – means an act that is certified by the Secretary of the Treasury, in accordance 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” include the following:

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:
 - (a) Dangerous to human life, property or infrastructure; and
 - (b) Is committed by an individual or individuals as part of an effort to:
 - i. Coerce the civilian population of the United States; or
 - ii. To influence the policy or affect the conduct of the United States Government by coercion.

The United States Government, Department of Treasury, will pay a share of terrorism losses insured under the federal program. Under the formula the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by us. However, if aggregate insured losses attributable to certified acts of terrorism exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury will not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year and we have met our insurer deductible under the Terrorism Risk Insurance Act:

1. We shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion; and
2. Insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

This endorsement does not create coverage for any loss that would be otherwise excluded under the War or Nuclear exclusion in your policy.

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

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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
Bypass Reason: Using Expedited Filing Transmittal Document
Comments:

Review Status: Approved 04/04/2008

Satisfied -Name: Expedited Filing Transmittal Document
Comments:
Attachment: Expedited Filing Transmittal Document .PDF

Review Status: Approved 04/04/2008

**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 #
American Security Insurance Company	DE	0019-42978	581529575

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Miriam L. McReynolds - Senior Contract Compliance Analyst 260 Interstate N. Circle NW Atlanta GA 33039	800-852-2244 X12514	770-859-4296	Miriam.McReynolds@assurant.com

Filing information

Line of Insurance (see attachment)	Commercial Fire
Company Program Title (Marketing title) (if applicable)	Residential & Commercial Flood Program
Filing Type ** see note below	Form (Endorsement and Notice)
This application is used with:	MSP-CFL-2 (5/91)
Effective Date Requested	On or after April 30, 2008
Filing date	March 27, 2008
Company Tracking Number	RCF CF AR03005ASF01
Date filing approved in domiciliary state, if applicable	Not yet filed.

	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	Disclosure Notice	N8051-0108	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	N8051-0306	
02	Certified Acts of Terrorism Coverage and Cap on Certified Acts Losses	MSP CERT ACTS END (03-08)	<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 of 2002 and the laws of this state; and
- Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.



Signature

Miriam L. McReynolds
Print Name

Senior Contract Compliance Analyst
Title