

SERFF Tracking Number: ASPX-125588192 State: Arkansas
 Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50
 Company Tracking Number: SC67 GL AR03006AIF01
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
 Product Name: SCO - Stableowners
 Project Name/Number: SCO - Stableowners/GL AR03006AIF01

Filing at a Glance

Company: American Bankers Insurance Company of Florida

| | | |
|---|---------------------------------|--|
| Product Name: SCO - Stableowners | SERFF Tr Num: ASPX-125588192 | State: Arkansas |
| TOI: 17.0 Other Liability - Claims Made/Occurrence | SERFF Status: Closed | State Tr Num: EFT \$50 |
| Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations | Co Tr Num: SC67 GL AR03006AIF01 | State Status: Fees verified and received |
| Filing Type: Form | Co Status: | Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding |
| | Author: SPI AssurantPC | Disposition Date: 04/14/2008 |
| | Date Submitted: 03/31/2008 | Disposition Status: Approved |
| Effective Date Requested (New): 04/01/2008 | | Effective Date (New): |
| Effective Date Requested (Renewal): 04/01/2008 | | Effective Date (Renewal): |
| State Filing Description: | | |

General Information

| | |
|---------------------------------------|-------------------------------|
| Project Name: SCO - Stableowners | Status of Filing in Domicile: |
| Project Number: GL AR03006AIF01 | Domicile Status Comments: |
| Reference Organization: | Reference Number: |
| Reference Title: | Advisory Org. Circular: |
| Filing Status Changed: 04/14/2008 | Deemer Date: |
| State Status Changed: 04/14/2008 | |
| Corresponding Filing Tracking Number: | |
| Filing Description: | |

American Bankers Insurance Company (ABIC) is submitting for your review and approval the following new Terrorism forms and Policyholder Disclosure Notice to our currently approved Stableowners Liability Program in your state. We are requesting an effective date April 1, 2008 for new and renewal business.

ABIC is a subscriber of the American Association of Insurance Services (AAIS). As such, we intend to adopt the

SERFF Tracking Number: ASPX-125588192 State: Arkansas
Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50
Company Tracking Number: SC67 GL AR03006AIF01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: SCO - Stableowners
Project Name/Number: SCO - Stableowners/GL AR03006AIF01

following forms and disclosure notices.

Line of Business: Stableowners Liability

AAIS Bulletin Notice: 08-0127

AAIS Bulletin Ref. # 08-0107 dated 1-11-08

Adding Forms:

GL 0250 0108 Certified Terrorism Loss

GL 0260 0108 Certified Act of Terrorism Exclusion

CL 0605 0108 Certified Terrorism Loss Disclosure of Premium & Federal Share
of Insured Losses

CL 1045 0108 Policyholder Disclosure Notice of Terrorism Insurance Coverage

Company and Contact

Filing Contact Information

Wendy Sara-Kalisz,
8655 East Via De Ventura (800) 535-1333 [Phone]
Scottsdale, AZ 85258

Filing Company Information

American Bankers Insurance Company of Florida CoCode: 10111 State of Domicile: Florida
11222 Quail Roost Dr Group Code: 19 Company Type:
Miami, FL 33157 Group Name: Assurant, Inc. Group State ID Number:
(305) 253-2244 ext. [Phone] FEIN Number: 59-0593886

Filing Fees

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

SERFF Tracking Number: ASPX-125588192 *State:* Arkansas
Filing Company: American Bankers Insurance Company of *State Tracking Number:* EFT \$50
Florida
Company Tracking Number: SC67 GL AR03006AIF01
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0000 Other Liability Sub-TOI Combinations
Product Name: SCO - Stableowners
Project Name/Number: SCO - Stableowners/GL AR03006AIF01

Fee Explanation:
Per Company: No

SERFF Tracking Number: ASPX-125588192 State: Arkansas
Filing Company: American Bankers Insurance Company of State Tracking Number: EFT \$50
Florida
Company Tracking Number: SC67 GL AR03006AIF01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: SCO - Stableowners
Project Name/Number: SCO - Stableowners/GL AR03006AIF01

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|---------|----------------|---------------|
| American Bankers Insurance Company of Florida | \$50.00 | 03/31/2008 | 19156398 |

SERFF Tracking Number: ASPX-125588192 State: Arkansas
Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50
Company Tracking Number: SC67 GL AR03006AIF01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: SCO - Stableowners
Project Name/Number: SCO - Stableowners/GL AR03006AIF01

Correspondence Summary

Dispositions

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

SERFF Tracking Number: ASPX-125588192 State: Arkansas
Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50
Company Tracking Number: SC67 GL AR03006AIF01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: SCO - Stableowners
Project Name/Number: SCO - Stableowners/GL AR03006AIF01

Disposition

Disposition Date: 04/14/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ASPX-125588192 State: Arkansas
 Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50
 Company Tracking Number: SC67 GL AR03006AIF01
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
 Product Name: SCO - Stableowners
 Project Name/Number: SCO - Stableowners/GL AR03006AIF01

| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | AR - EXPEDITED. TERRORISM FILING | Approved | Yes |
| Form | Certified Terrorism Loss | Approved | Yes |
| Form | Certified Acts of Terrorism Exclusion | Approved | Yes |
| Form | Certified Terrorism Loss Disclosure of Premium & Federal Share of Insured Loss | Approved | Yes |
| Form | Policyholder Disclosure Notice of Terrorism Insurance Coverage | Approved | Yes |

SERFF Tracking Number: ASPX-125588192 State: Arkansas
 Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50
 Company Tracking Number: SC67 GL AR03006AIF01
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
 Product Name: SCO - Stableowners
 Project Name/Number: SCO - Stableowners/GL AR03006AIF01

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|--|---------|--------------|----------------------------------|----------------------|-------------|-------------|
| Approved | Certified Terrorism Loss | GL 0250 | 0108 | Endorsement/Amendment/Conditions | | 0.00 | GL 0250.PDF |
| Approved | Certified Acts of Terrorism Exclusion | GL 0260 | 0108 | Endorsement/Amendment/Conditions | | 0.00 | GL 0260.PDF |
| Approved | Certified Terrorism Loss Disclosure of Premium & Federal Share of Insured Loss | CL 0605 | 0108 | Endorsement/Amendment/Conditions | | 0.00 | CL 0605.PDF |
| Approved | Policyholder Disclosure Notice of Terrorism Insurance Coverage | CL 1045 | 0108 | Disclosure/ New Notice | | 0.00 | CL 1045.PDF |

CERTIFIED TERRORISM LOSS

1. The following definitions are added.
 - a. "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:
 - 1) to be an act of terrorism;
 - 2) to be a violent act or an act that is dangerous to human life, property, or infrastructure;
 - 3) to have resulted in damage:
 - a) within the United States; or
 - b) to an air carrier (as defined in section 40102 of title 49, United States Code); to a United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), regardless of where the loss occurs; or at the premises of any United States mission;
 - 4) 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; and
 - 5) to have resulted in insured losses in excess of five million dollars in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act, as amended.
 - b. "Certified terrorism loss" means loss that results from a "certified act of terrorism".
2. The "terms" of any terrorism exclusion that is part of or that is attached to this Coverage Part are amended by the following provision:

This exclusion does not apply to "certified terrorism loss".
3. The following provision is added.

If the Secretary of the Treasury determines that the aggregate amount of "certified terrorism loss" has exceeded one hundred billion dollars in a Program Year (January 1 through December 31), and "we" have met "our" insurer deductible under the Terrorism Risk Insurance Act, as amended, "we" will not pay for any portion of "certified terrorism loss" that exceeds one hundred billion dollars. If the "certified terrorism loss" exceeds one hundred billion dollars in a Program Year (January 1 through December 31), losses up to one hundred billion dollars are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury under the Terrorism Risk Insurance Act, as amended.

CERTIFIED ACT OF TERRORISM EXCLUSION

1. The following definition is added.

"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:

- a. to be an act of terrorism;
- b. to be a violent act or an act that is dangerous to human life, property, or infrastructure;
- c. to have resulted in damage:
 - 1) within the United States; or
 - 2) to an air carrier (as defined in section 40102 of title 49, United States Code); to a United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), regardless of where the loss occurs; or at the premises of any United States mission;

- d. 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; and
- e. to have resulted in insured losses in excess of five million dollars in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act, as amended.

2. The following exclusion is added.

CERTIFIED ACT OF TERRORISM EXCLUSION

"We" will not pay for any injury or damage caused directly or indirectly by a "certified act of terrorism". Such injury or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the injury or damage.

GL 0260 01 08

CERTIFIED TERRORISM LOSS DISCLOSURE OF PREMIUM AND FEDERAL SHARE OF INSURED LOSSES

(The entries required to complete this endorsement will be shown below, on the "declarations", or on the "schedule of coverages".)

SCHEDULE

Certified Terrorism Loss Premium \$ _____

Additional information, if any, concerning terrorism premium:

1. The portion of "your" premium that is attributed to coverage for "certified terrorism loss" is shown in the Schedule above.
2. Coverage for "certified terrorism loss", to the extent that such coverage is provided by this policy or Coverage Part, will be partially reimbursed by the United States Government, Department of Treasury under a federal program. Under that program, the United States pays 85% of insured losses for "certified terrorism loss" that exceeds the statutorily established deductible that "we" retain. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act, as amended, exceed one hundred billion dollars in a Program Year (January 1 through December 31), the Treasury will not make payment for any portion of the amount of such losses that exceeds one hundred billion dollars.

If the Secretary of the Treasury determines that the aggregate amount of "certified terrorism loss" has exceeded one hundred billion dollars in a Program Year (January 1 through December 31), and "we" have met "our" insurer deductible under the Terrorism Risk Insurance Act, as amended, "we" will not pay for any portion of "certified terrorism loss" that exceeds one hundred billion dollars. If the "certified terrorism loss" exceeds one hundred billion dollars in a Program Year (January 1 through December 31), losses up to one hundred billion dollars are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury under the Terrorism Risk Insurance Act, as amended.

Insurance Company:
Quote Number:
Named Insured:

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. See the next page for a further description of an act of terrorism as provided under the Act.

ACCEPTANCE OR REJECTION OF TERRORISM INSURANCE COVERAGE

You may accept or reject this offer of coverage. If you choose to accept this coverage, the premium for this coverage is payable according to the terms of your billing notice. You may reject this offer by completing and signing this statement and returning it to us. If you send us a signed rejection of coverage, your policy will exclude coverage for certified terrorism losses.

Insurers should include the following in a Notice prepared for policies that are subject to Standard Fire Policy statutes with respect to losses resulting from terrorism:

In the state of ____, a terrorism exclusion makes an exception for fire losses resulting from an act of terrorism. Accordingly, if you reject the offer of terrorism coverage as provided under the program, that rejection is not applicable to fire losses resulting from an act of terrorism. In this state, the coverage in your policy for such fire losses will continue. The premium for such fire coverage is stated below. This premium is due whether or not you reject the offer described above for terrorism coverage.

One of the following premiums is due:

If you accept this offer, the premium for terrorism coverage is \$_____

If you reject this offer, the premium for terrorism (fire only) coverage is \$_____

_____ I accept this offer of terrorism coverage and acknowledge that I have been notified that under the Terrorism Risk Insurance Act, as amended, any covered losses resulting from certified acts of terrorism under my policy will be partially reimbursed by the United States and I have been notified of the amount of my premium attributable to such coverage.

_____ I hereby reject this offer of terrorism coverage. I understand that an exclusion of certified terrorism losses will be made part of this policy. I also acknowledge that I have been notified that under the Terrorism Risk Insurance Act, as amended, any covered fire losses resulting from certified acts of terrorism under my policy will be partially reimbursed by the United States and I have been notified of the amount of my premium attributable to such coverage.

Insurers should include the following premium statement in a Notice prepared for policies that are not subject to Standard Fire Policy statutes with respect to losses resulting from terrorism:

The portion of your annual premium that is attributable to coverage for acts of terrorism, as defined in the Act, is:

\$_____

_____ I accept this offer of terrorism coverage and acknowledge that I have been notified that under the Terrorism Risk Insurance Act, as amended, any covered losses resulting from certified acts of terrorism under my policy will be partially reimbursed by the United States and I have been notified of the amount of my premium attributable to such coverage.

_____ I hereby reject this offer of terrorism coverage. I understand that an exclusion of certified terrorism losses will be made part of this policy.

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 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 pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium shown above does not include any charges for the portion of loss covered by the federal government under the Act.

You should also know that 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 in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

Policyholder's Signature:

Date:

Print Name

The following excerpt from the Act is provided for your information:

According to Section 102(1) of the Terrorism Risk Insurance Act, as amended, "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 ---- (i) to be an act of terrorism; (ii) to be a violent act or an act that is dangerous to (I) human life; (II) property; or (III) infrastructure; (iii) to have resulted in damage within the United States, or outside the United States in the case of (I) an air carrier or vessel described in paragraph (5)(B); or (II) the premises of a United States mission; and (iv) 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." Section 102(1)(B) states, "No act shall be certified by the Secretary as an act of terrorism if (I) the act is committed as part of the course of war declared by the Congress, except that this clause shall not apply with respect to any coverage for workers' compensation; or (ii) property and casualty insurance losses resulting from the act, in the aggregate, do not exceed \$5,000,000." Section 102(1)(C) and (D) specify that the determinations are final and not subject to judicial review and that the Secretary of the Treasury cannot delegate the determination to anyone.

SERFF Tracking Number: ASPX-125588192 State: Arkansas
Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50
Company Tracking Number: SC67 GL AR03006AIF01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: SCO - Stableowners
Project Name/Number: SCO - Stableowners/GL AR03006AIF01

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ASPX-125588192 State: Arkansas
Filing Company: American Bankers Insurance Company of Florida State Tracking Number: EFT \$50
Company Tracking Number: SC67 GL AR03006AIF01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: SCO - Stableowners
Project Name/Number: SCO - Stableowners/GL AR03006AIF01

Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-Property & Casualty
Bypass Reason: Terrorism Filing.
Comments:

Review Status:
Approved 04/14/2008

Satisfied -Name: AR - EXPEDITED. TERRORISM FILING
Comments:
Attachment:
AR - EXPEDITED_ TERRORISM FILING.PDF

Review Status:
Approved 04/14/2008

**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 type="checkbox"/> Filing Related to <i>Certified Losses</i> |
| <input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i> |
| <input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses |

| |
|---------------------|
| Department Use only |
| |

| Company Name(s) | Domicile | NAIC # | FEIN # |
|---|----------|------------|------------|
| American Bankers Insurance Company of Florida | FL | 0019-10111 | 59-0593886 |
| | | | |

Contact Info for Filer

| Name and address of Filer(s) | Telephone # | FAX # | e-mail |
|---|--------------|--------------|-------------------------|
| Qun H. Shaw - Regulatory Analyst 8655 East Via De Ventura Scottsdale AZ 85258 | 800-535-1333 | 480-443-3785 | Wendy.Sara@assurant.com |

Filing information

| | |
|--|----------------------|
| Line of Insurance (see attachment) | General Liability |
| Company Program Title (Marketing title) (if applicable) | SCO - Stableowners |
| Filing Type ** see note below | Form Filing |
| This application is used with: | Terrorism Filing |
| Effective Date Requested | 4/1/2008 |
| Filing date | 3/31/2008 |
| Company Tracking Number | SC67 GL AR03006AIF01 |
| Date filing approved in domiciliary state, if applicable | Pending |

| | 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 | Certified Terrorism Loss | GL 0250 0108 | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither | | |
| 02 | Certified Acts of Terrorism Exclusion (See Attached) | GL 0260 0108 | <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

Qun H. Shaw

Print Name

Regulatory Analyst

Title

Additional Components

| | 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 |
|----|--|---|---|--|---|
| 03 | CL 0605 0108 | | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither | | |
| 04 | CL 1045 0108 | | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither | | |