

SERFF Tracking Number: BEUW-125511982 State: Arkansas
Filing Company: StarNet Insurance Company State Tracking Number: #? \$?
Company Tracking Number: AR-TRIPRA-ESCP-GL-FM-2008-01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0007 Elevators & Escalators Liability
Product Name: Elevator Service Contractors Program
Project Name/Number: TRIPRA/AR-TRIPRA-ESCP-GL-FM-2008-01

Filing at a Glance

Company: StarNet Insurance Company
Product Name: Elevator Service Contractors Program SERFF Tr Num: BEUW-125511982 State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence SERFF Status: Closed State Tr Num: #? \$?
Sub-TOI: 17.0007 Elevators & Escalators Liability Co Tr Num: AR-TRIPRA-ESCP-GL-FM-2008-01 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Authors: Ryan Boulware, Donald Harrison, Lawrence Whalley Disposition Date: 04/01/2008
Date Submitted: 03/26/2008 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: TRIPRA Status of Filing in Domicile: Pending
Project Number: AR-TRIPRA-ESCP-GL-FM-2008-01 Domicile Status Comments: Delaware is being filed concurrently with all jurisdictions.
Reference Organization: ISO Reference Number: CL-2007-RTRL1 & CL-2007-OTRL1
Reference Title: TRIPRA Advisory Org. Circular: varies based on jurisdictional approval dates
Filing Status Changed: 04/01/2008
State Status Changed: 04/01/2008 Deemer Date:
Corresponding Filing Tracking Number: AR-TRIPRA-ESCP-GL-RU-2008-01

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Filing Description:

StarNet Insurance Company hereby submits our adoption of the ISO filings as noted below for compliance with the Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA):

ISO Rules Filing Designation # CL-2007-RTRL1

ISO Forms Filing Designation # CL-2007-OTRL1

We request an effective date upon your approval to facilitate the implementation of this Act.

Since many states are requiring the submission of the Policyholder Disclosure Notices, we are including them with the forms portion of the filing.

If your jurisdiction is a "desk filing" (exempt from submission) jurisdiction for this material, then please consider this to be informational in nature and issue whatever Disposition is appropriate within the SERFF system.

Please note that this filing is mutually exclusive to all other Program-specific filings made and approved on behalf of StarNet Insurance Company. All other filed and approved Programs for StarNet Insurance Company remain on file without change.

Company and Contact

Filing Contact Information

Donald Harrison, State Filings Manager DHarrison@bupllc.com
215 Shuman Blvd., Ste. 200 (630) 210-0351 [Phone]
Naperville, IL 60563 (630) 210-0377[FAX]

Filing Company Information

StarNet Insurance Company CoCode: 40045 State of Domicile: Delaware
215 Shuman Blvd., Suite 200 Group Code: 98 Company Type: Stock
Naperville, IL 60563 Group Name: State ID Number:
(630) 210-0360 ext. [Phone] FEIN Number: 22-3590451

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
StarNet Insurance Company	\$0.00	03/26/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Edith Roberts Informational Purposes		04/01/2008	04/01/2008

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Project Name/Number: TRIPRA/AR-TRIPRA-ESCP-GL-FM-2008-01

Disposition

Disposition Date: 04/01/2008

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *BEUW-125511982* State: *Arkansas*
 Filing Company: *StarNet Insurance Company* State Tracking Number: *#? \$?*
 Company Tracking Number: *AR-TRIPRA-ESCP-GL-FM-2008-01*
 TOI: *17.0 Other Liability - Claims Made/Occurrence* Sub-TOI: *17.0007 Elevators & Escalators Liability*
 Product Name: *Elevator Service Contractors Program*
 Project Name/Number: *TRIPRA/AR-TRIPRA-ESCP-GL-FM-2008-01*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
Supporting Document	TRIPRA Expedited Filing Transmittal Document	Accepted for Informational Purposes	Yes
Supporting Document	TRIPRA Policyholder Disclosure Notices	Accepted for Informational Purposes	Yes

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:
Bypassed -Name: Uniform Transmittal Document- Accepted for Informational 04/01/2008
Property & Casualty Purposes
Bypass Reason: This is a mandatory adoption filing of ISO TRIPRA. Information for the Cover Letter and/or Explanatory Memorandum are provided on the General Information tab as intended by NAIC/SERFF for speed to market.

Comments:

Review Status:
Satisfied -Name: TRIPRA Expedited Filing Accepted for Informational 04/01/2008
Transmittal Document Purposes

Comments:

The NAIC Expedited Filing Transmittal Document is being filled out to document our adoption of the ISO rules and endorsements applicable to this Program. We are also noting the provision of the Policyholder Disclosure Notices mentioned in more detail within a separate Supporting Documentation item. This all-purpose Transmittal is being provided to all jurisdictions in order to take advantage of the multi-state SERFF template capabilities. This assists with the timely filing and subsequent implementation of the 2007 Terrorism Risk Insurance Program Reauthorization Act. Thank you.

Attachment:

ESCP NAIC TRIPRA Expedited Filing Form.pdf

Review Status:
Satisfied -Name: TRIPRA Policyholder Disclosure Accepted for Informational 04/01/2008
Notices Purposes

Comments:

These required Policyholder Disclosure Notices are being supplied through SERFF as a template being included with all submissions. Due to the variety of state requirements, if your jurisdiction does not require submission of these Policyholder Disclosure Notices informationally or otherwise, please disregard and issue whatever Disposition is appropriate for your state in the SERFF system. This approach will allow us to meet the expedited process and properly implement the recent 2007 Terrorism Risk Insurance Program Reauthorization Act. Thank you.

Attachments:

IL 78 19 01 08 Policyholder Disclosure Notice of Terrorism Insurance Coverage.pdf
IL 78 21 01 08 Policyholder Disclosure Notice of Terrorism Insurance Coverage.pdf

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) _____

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 #

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail

Filing information

Line of Insurance (see attachment)	
Company Program Title (Marketing title) (if applicable)	
Filing Type ** see note below	
This application is used with:	
Effective Date Requested	
Filing date	
Company Tracking Number	
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			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
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.

Signature

Print Name:

Title:

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

<input type="checkbox"/>	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 \$_____.
<input type="checkbox"/>	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

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: _____