

SERFF Tracking Number: BNCI-125576855 State: Arkansas
Filing Company: BancInsure, Inc. State Tracking Number: EFT \$50
Company Tracking Number: ML AR60005F08
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Multi-Line Forms (Terrorism)
Project Name/Number: TRIPRA of 2007 (Independent Programs)/ML AR60005F08

Filing at a Glance

Company: BancInsure, Inc.

Product Name: Multi-Line Forms (Terrorism) SERFF Tr Num: BNCI-125576855 State: Arkansas
TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: ML AR60005F08 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Author: Marlene Patterson Disposition Date: 04/01/2008
Date Submitted: 03/25/2008 Disposition Status: Approved
Effective Date Requested (New): 04/01/2008 Effective Date (New): 04/01/2008
Effective Date Requested (Renewal): 04/01/2008 Effective Date (Renewal): 04/01/2008

State Filing Description:

General Information

Project Name: TRIPRA of 2007 (Independent Programs) Status of Filing in Domicile: Pending
Project Number: ML AR60005F08 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 04/01/2008
State Status Changed: 04/01/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

This filing is being submitted on an informational basis in accordance with the expedited filing requirements of the federal "Terrorism Risk Insurance Reauthorization Act of 2007".

BancInsure, Inc. hereby submits form BI-TERR-2007 - Disclosure Pursuant to Terrorism Risk Insurance Act which replaces forms BI-PL-4099 (0407) and BI IT 003 09 04.

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This disclosure endorsement will be attached to all policies used with the following programs:

Extended Professional Liability Program
 Identity Recovery Coverage Program

There is no premium consideration for this endorsement.

We are submitting this filing to be applicable to new and renewal policies written on or after April 1, 2008.

Company and Contact

Filing Contact Information

Marlene Patterson, Filings Analyst mpatterson@bancinsure.com
 5005 N. Lincoln blvd. (405) 290-5600 [Phone]
 Oklahoma City, OK 73126 (405) 290-5703[FAX]

Filing Company Information

BancInsure, Inc. CoCode: 18538 State of Domicile: Oklahoma
 P.O. Box 26104 Group Code: Company Type: Property & Casualty
 5005 N. Lincoln Blvd.
 Oklahoma City, OK 73126-0104 Group Name: State ID Number:
 (405) 290-5600 ext. [Phone] FEIN Number: 73-1238130

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 each filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
BancInsure, Inc.	\$50.00	03/25/2008	18926249

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/01/2008	04/01/2008

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Disposition

Disposition Date: 04/01/2008

Effective Date (New): 04/01/2008

Effective Date (Renewal): 04/01/2008

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	Expedited Filing Transmittal Document	Approved	Yes
Form	Disclosure Pursuant to Terrorism Risk Insurance Act	Approved	Yes
Form	Disclosure Pursuant to Terrorism Risk Insurance Act	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 Pursuant to Terrorism Risk Insurance Act	BI-TERR-07		Endorsement/Amendment/Conditions	Replaced Form #: BI-PL-4099 (0407) Previous Filing #: PR AR0231301F01		BI-TERR-07.pdf
Approved	Disclosure Pursuant to Terrorism Risk Insurance Act	BI-TERR-07		Endorsement/Amendment/Conditions	Replaced Form #: BI IT 003 09 04 Previous Filing #: CM AR0196301F01		BI-TERR-07.pdf

BancInsure, Inc.

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

Terrorism Premium (Certified Acts)	\$ -0-
This premium is the total Certified Acts premium attributable to your policy.	

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement. Such premium is included in the policy premium quoted.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceed \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$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 that 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 Treasury.

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Rate Information

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Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 04/01/2008
Bypass Reason: Not required.
Comments:

Satisfied -Name: Expedited Filing Transmittal
Document **Review Status:** Approved 04/01/2008
Comments:
Attachment:
AR.pdf

**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 #
BancInsure, Inc.	Oklahoma	18538	731238130

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Marlene Patterson, Filings Analyst PO Box 26104 Oklahoma City, OK 73126	405-290-5600, ext. 230	405-290-5703	mpatterson@bancinsur e.com

Filing information

Line of Insurance (see attachment)	Commercial Property and Casualty Insurance
Company Program Title (Marketing title) (if applicable)	Extended Professional Liability Program and Identity Recovery Coverage Program
Filing Type ** see note below	Disclosure Form
This application is used with:	N/A
Effective Date Requested	04/01/2008
Filing date	03/25/2008
Company Tracking Number	ML AR 60005 FOB
Date filing approved in domiciliary state, if applicable	Pending

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	<u>Form # or Rate Page</u> <u>include edition date</u>	<u>Replacement</u> <u>Or withdrawn?</u>	<u>If replacement,</u> <u>give form # or rate</u> <u>page(s) it replaces</u>	<u>Previous State</u> <u>Filing Number,</u> <u>if required</u> <u>by state</u>
01	Disclosure Pursuant to Terrorism Risk Insurance Act	BI-TERR-07	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	BI-PLI-4099 (0407)	
02	Disclosure Pursuant to Terrorism Risk Insurance Act	BI-TERR-07	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	BI IT 003 09 04	

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.

Marlene Patterson
Signature

Marlene Patterson
Print Name:

Filings Analyst
Title: