

SERFF Tracking Number: DEAH-125594132 State: Arkansas
Filing Company: Greenwich Insurance Co. State Tracking Number: # \$50
Company Tracking Number: AR-INL-0408-TER-GRW-F
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Interline Terrorism Filing
Project Name/Number: Terrorism Amendment Filing 2008/AR-INL-0408-TER-GRW-F

Filing at a Glance

Company: Greenwich Insurance Co.

Product Name: Interline Terrorism Filing

TOI: 35.0 Interline Filings

Sub-TOI: 35.0002 Commercial Interline Filings

Filing Type: Form

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

SERFF Tr Num: DEAH-125594132 State: Arkansas

SERFF Status: Closed

Co Tr Num: AR-INL-0408-TER-GRW-F

Co Status:

Author: Lanie Schleaf

Date Submitted: 04/03/2008

State Tr Num: # \$50

State Status: Fees pending

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

Disposition Date: 04/16/2008

Disposition Status: Approved

Effective Date (New): 04/16/2008

Effective Date (Renewal):
04/16/2008

State Filing Description:

General Information

Project Name: Terrorism Amendment Filing 2008

Project Number: AR-INL-0408-TER-GRW-F

Reference Organization:

Reference Title:

Filing Status Changed: 04/16/2008

State Status Changed: 04/16/2008

Corresponding Filing Tracking Number: AR-INL-0408-TER-GRW-R

Filing Description:

On behalf of Greenwich Insurance Company, we are filing revised terrorism endorsements and policyholder notice to comply with the revised Terrorism Risk Insurance Program Reauthorization Act of 2007. This filing applies to all Greenwich Insurance Company products underwritten by Deans & Homer/

The filing was previously stamped filed on 3/27/ 2003 under company filing number 03-01-01 TP AR.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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The new endorsements will replace several old endorsements.

We had three limited coverage endorsements filed: DH 05-43, DH05-45 and DH 05-47. All three forms will be replaced with DH 05-51.

We had three exclusion endorsements filed: DH 05-42, DH 05-44 and DH 05-46. All three forms will be replaced with DH 05-52.

We have also attached the policyholder disclosure notice DH05-50 for your review.

Company and Contact

Filing Contact Information

(This filing was made by a third party - deansandhomer)

Lanie Schleef, Compliance and Filings Adm. lanie@deanshomer.com
340 Pine Street (415) 421-8332 [Phone]
San Francisco, CA 94104 (800) 989-7801[FAX]

Filing Company Information

Greenwich Insurance Co. CoCode: 22322 State of Domicile: California
70 Seaview Ave. Group Code: Company Type:
Stamford, CT 06902 Group Name: State ID Number:
(203) 694-5200 ext. [Phone] FEIN Number: 95-1479095

Filing Fees

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

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/16/2008	04/16/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fees	Note To Reviewer	Lanie Schleef	04/14/2008	04/14/2008
Filing Fee	Note To Filer	Llyweyia Rawlins	04/14/2008	04/14/2008

SERFF Tracking Number: *DEAH-125594132* *State:* *Arkansas*
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Disposition

Disposition Date: 04/16/2008

Effective Date (New): 04/16/2008

Effective Date (Renewal): 04/16/2008

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

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
Form	Policyholder Disclosure	Approved	Yes
Form	Limited Coverage Endorsement	Approved	Yes
Form	Exclusion of Coverage Endorsement	Approved	Yes

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Note To Reviewer

Created By:

Lanie Schleef on 04/14/2008 03:33 PM

Subject:

Filing Fees

Comments:

A check is going out in today's mail to pay for requested fees of \$50. Check# 1025178, issue date 4/14/2008. I have included your note as a reference. Please let me know if there is anything else you need.

Regards,

Lanie Schleef

415-421-8332

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policyholder Disclosure	DH 05-50	(04-08)	Disclosure/ Replaced Notice	Replaced Form #:0.00 see filing description Previous Filing #: n/a		05500408 disclosure v 3-13-08.pdf
Approved	Limtied Coverage Endorsement	DH 05-51	(04-08)	Endorseme Replaced nt/Amendm ent/Condi tions	Replaced Form #:0.00 see filing description Previous Filing #: n/a		05510408 limit. cov. - Terrorism - revised 3-26-08.pdf
Approved	Exclusion of Coverage Endorsement	DH 05-52	(04-08)	Endorseme Replaced nt/Amendm ent/Condi tions	Replaced Form #:0.00 see filing description Previous Filing #: n/a		05520408 excl. end. - Terrorism - revised 3-26-08.pdf

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE

Insured: _____
Policy: _____
Company: _____
Policy Period: _____

Agent: _____

Coverage for certain certified acts of terrorism is already included in your policy. The portion of your annual premium that is attributable to coverage for acts of terrorism is: _____, and does not include any charges for the portion of losses covered by the United States government under the Terrorism Risk Insurance Act. Fire losses resulting from an act of terrorism are included in your coverage without additional charge and cannot be rejected.

You are hereby notified that the Terrorism Risk Insurance Act of 2007 amended the definition of an **Act of Terrorism** in Section 102(1)(A) as follows:

“The term “**act of terrorism**” means any act that is certified by the Secretary, 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 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.”

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.

TO DECLINE TO PURCHASE COVERAGE FOR CERTIFIED ACTS OF TERRORISM

Sign below and mail this form to your agent at the address shown above.

I understand that I will have no coverage for losses resulting from certified acts of terrorism.		
_____	_____	_____
Policyholder Signature	Print Name	Date

LIMITED COVERAGE ENDORSEMENT FOR CERTIFIED ACTS OF TERRORISM

In consideration of the payment of premium and subject to all terms, conditions and limitations of the policy of which this endorsement is a part, **you** and **we** agree to the following:

This policy is amended to include coverage for **Certified Acts of Terrorism**.

THE FOLLOWING DEFINITION IS ADDED TO THE POLICY:

Definition of a Certified Act of Terrorism

The Terrorism Risk Insurance Program Reauthorization Act of 2007 is a revision of the Terrorism Risk Insurance Act of 2002. The act defines a **Certified Act of Terrorism** in Section 102(1)(A) and (B) as follows:

Section 102 (1)(A): "The term "**act of terrorism**" means any act that is certified by the Secretary, 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 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): "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 a war declared by the Congress, except that this clause shall not apply with respect to any coverage for worker's compensation; or
- (ii) property and casualty insurance losses resulting from the act, in the aggregate, do not exceed \$5,000,000."

THE FOLLOWING LIMITATIONS ARE ADDED TO THE POLICY:

Limitation of Property Coverage for Certified Acts of Terrorism

If Property Coverage is provided under your policy and listed on your Declarations Page, insurance coverage under the policy does not apply to loss or damage to property arising, directly or indirectly, out of a **Certified Act of Terrorism** if the aggregate insured losses caused by that Certified Act of Terrorism exceeds \$100 billion in a program year and we have met our insurer deductible as prescribed under the Terrorism Risk Insurance Act. For the purpose of this provision, a program year constitutes the time period from January 1st through December 31st.

If fire or explosion ensues from a **Certified Act of Terrorism**, **we** will be liable only for the ensuing direct loss or damage from fire.

Limitation of Liability Coverage for Certified Acts of Terrorism

If Liability Coverage is provided under your policy and listed on your Declarations Page, insurance coverage under the policy does not apply to any bodily injury, personal injury, advertising injury or property damage arising, directly or indirectly, out of a **Certified Act of Terrorism** if the aggregate insured losses caused by that Certified Act of Terrorism exceeds \$100 billion in a program year and we have met our insurer deductible as prescribed under the Terrorism Risk Insurance Act. For the purpose of this provision, a program year constitutes the time period from January 1st through December 31st.

EXCLUSION OF COVERAGE ENDORSEMENT FOR CERTIFIED ACTS OF TERRORISM

In consideration of the payment of premium and subject to all terms, conditions and limitations of the policy of which this endorsement is a part, **you** and **we** agree to the following:

THE FOLLOWING EXCLUSION IS ADDED TO THE POLICY:

This policy does not include coverage for **Certified Acts of Terrorism**.

However, if fire or explosion ensues from a **Certified Act of Terrorism**, **we** will be liable only for the ensuing direct loss or damage from fire.

THE FOLLOWING DEFINITION IS ADDED TO THE POLICY:

Definition of a **Certified Act of Terrorism**

The Terrorism Risk Insurance Program Reauthorization Act of 2007 is a revision of the Terrorism Risk Insurance Act of 2002. The act defines a **Certified Act of Terrorism** in Section 102(1)(A) and (B) as follows:

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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 04/16/2008

Comments:

Attachment:

AR Transmittal - F.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

7. Signature of authorized filer	
8. Please print name of authorized filer	

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. 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—

20.	This filing transmittal is part of Company Tracking #	
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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22.	Filing Fees (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]
-----	---

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

PC TD-1 pg 2 of 2

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.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
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	