

SERFF Tracking Number: ERCB-125616668 State: Arkansas  
First Filing Company: Westport Insurance Corporation, ... State Tracking Number: EFT \$50  
Company Tracking Number: AR-08-03533  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Terrorism Form Filing  
Project Name/Number: Terrorism Form Filing/AK-08-03533

## Filing at a Glance

Companies: Westport Insurance Corporation, North American Specialty Insurance Company, North American Elite Insurance Company

Product Name: Terrorism Form Filing	SERFF Tr Num: ERCB-125616668	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: AR-08-03533	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Rod Clark	Disposition Date: 04/24/2008
	Date Submitted: 04/21/2008	Disposition Status: Approved
Effective Date Requested (New): 06/30/2008		Effective Date (New): 06/30/2008
Effective Date Requested (Renewal): 06/30/2008		Effective Date (Renewal): 06/30/2008

State Filing Description:

## General Information

Project Name: Terrorism Form Filing	Status of Filing in Domicile: Pending
Project Number: AK-08-03533	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 04/24/2008	
State Status Changed: 04/24/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

We wish to submit the attached endorsement for your review and approval. This is a mandatory form without rate impact. We are excluding coverage for Other than Certified Acts; however, the exclusion does grant coverage for those acts that would otherwise meet all the criteria to be a certified act of terrorism, other than the fact that aggregate insured losses are below \$5,000,000. This coverage exception to the exclusion is consistent with the NAIC model bulletin. We request an effective date of June 30, 2008 for this filing.

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## Company and Contact

### Filing Contact Information

Rod Clark, Forms Analyst rodney\_clark@swissre.com  
 5200 Metcalf (800) 255-6931 [Phone]  
 Overland Park, KS 66201 (913) 676-6226[FAX]

### Filing Company Information

Westport Insurance Corporation CoCode: 39845 State of Domicile: Missouri  
 5200 Metcalf Group Code: 181 Company Type:  
 Overland Park, KS 66201 Group Name: Swiss Re State ID Number:  
 (800) 255-6931 ext. [Phone] FEIN Number: 48-0921045  
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North American Specialty Insurance Company CoCode: 29874 State of Domicile: New Hampshire  
 5200 Metcalf Group Code: 181 Company Type:  
 Overland Park, KS 66201 Group Name: Swiss Re State ID Number:  
 (800) 255-6931 ext. [Phone] FEIN Number: 02-0311919  
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North American Elite Insurance Company CoCode: 29700 State of Domicile: New Hampshire  
 5200 Metcalf Group Code: 181 Company Type:  
 Overland Park, KS 66201 Group Name: Swiss Re State ID Number:  
 (800) 255-6931 ext. [Phone] FEIN Number: 13-3440360  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: Forms filing = \$50 per submission  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Westport Insurance Corporation	\$50.00	04/21/2008	19753257
North American Specialty Insurance Company	\$0.00	04/21/2008	
North American Elite Insurance Company	\$0.00	04/21/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/24/2008	04/24/2008

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## Disposition

Disposition Date: 04/24/2008  
Effective Date (New): 06/30/2008  
Effective Date (Renewal): 06/30/2008  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

*SERFF Tracking Number:*      *ERCB-125616668*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Westport Insurance Corporation, ...*                      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *AR-08-03533*  
*TOI:*                      *35.0 Interline Filings*                      *Sub-TOI:*                      *35.0002 Commercial Interline Filings*  
*Product Name:*                      *Terrorism Form Filing*  
*Project Name/Number:*      *Terrorism Form Filing/AK-08-03533*

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Exclusion of Other Than Certified Acts of Terrorism	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Exclusion of Other Than Certified Acts of Terrorism	SP 4 161	0208	Endorsement/Amendment/Conditions			SP 4 161 0208.pdf

**INSERT COMPANY NAME HERE**

**This Endorsement Changes the Policy - Please Read it Carefully**

**EXCLUSION OF OTHER THAN CERTIFIED ACTS OF TERRORISM**

This endorsement modifies insurance provided under the following:

- BOILER AND MACHINERY COVERAGE PART
- COMMERCIAL INLAND MARINE COVERAGE PART
- COMMERCIAL PROPERTY COVERAGE PART
- CRIME AND FIDELITY COVERAGE PART
- EQUIPMENT BREAKDOWN COVERAGE PART
- FARM COVERAGE PART
- STANDARD PROPERTY POLICY

**SCHEDULE**

The **Exception Covering Certain Fire Losses** (Paragraph C) applies to property located in the following state(s), if covered under the indicated Coverage Form, Coverage Part or Policy:

State(s)	Coverage Form, Coverage Part Or Policy
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A.** The following exclusion is added:

This insurance does not apply to:

**TERRORISM**

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

**B.** The following definitions are added:

1. "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, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act.

2. "Other act of terrorism" means a violent act or threat of violent act, or an act or threat of an act that is dangerous to human life, property or infrastructure that is committed by an individual or individuals and that appears to be part of an effort to coerce a civilian population or to influence the policy or affect the conduct of any government by coercion, and the act is not certified as a terrorist act pursuant to the federal Terrorism Risk Insurance Act. However, "other act of terrorism" does not include an act which would meet all the criteria necessary to be certified as a terrorist act pursuant to the federal Terrorism Risk Insurance Act except such act resulted in aggregate insured losses of \$5 million or less. Multiple incidents of an "other act of terrorism" which occur within a seventy-two hour period and appear to be carried out in concert or to have a related purpose or common leadership shall be considered to be one incident.

**C. Exception Covering Certain Fire Losses**

The following exception to the Exclusion Of Terrorism applies only to property located in the state of New York, and only to extent coverage is provided under the Commercial Property Coverage Part.

If an "other act of terrorism" results in fire, we will pay for the loss or damage caused by that fire, subject to all applicable policy provisions including the Limit of Insurance on the affected property. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements that apply to those coverage forms, or to the Legal Liability Coverage Form or the Leasehold Interest Coverage Form.

**D. Application of Other Exclusions**

The terms and limitation of any terrorism exclusions, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Coverage Part or Policy, such as losses excluded by the Nuclear Hazard Exclusion or the War and Military Action Exclusion.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

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<i>Company Tracking Number:</i>	<i>AR-08-03533</i>		
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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 04/24/2008

**Comments:**

**Attachment:**

AR Transmittal.pdf

## Property &amp; Casualty Transmittal Document (Revised 1/1/05)

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	f. State Filing #:
	g. SERFF Filing #:

<b>3. Group Name</b>	<b>Group NAIC #</b>
Swiss Reinsurance	181

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>
Westport Insurance Corporation	MO	181-39845	48-0921045
North American Elite Insurance Company	NH	181-29700	13-3440360
North American Specialty Insurance Company	NH	181-29874	02-0311919

<b>5. Company Tracking Number</b>	<b>AR-08-03533</b>
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Rod Clark 5200 Metcalf Overland Park, KS 66201	Compliance Specialist	913.676.5765	913.676.6226	rodney_clark@swissre.com

<b>7.</b>	Signature of authorized filer	<i>Rod Clark</i>
<b>8.</b>	Please print name of authorized filer	Rod Clark

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

<b>9. Type of Insurance (TOI)</b>	35.0 Interline Filings
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	35.0002 Commercial Interline Filings
<b>11. State Specific Product code(s) (if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	Interline
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
<b>14. Effective Date(s) Requested</b>	New: 06/30/2008                      Renewal: 06/30/2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	4/21/2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

<b>20. This filing transmittal is part of Company Tracking #</b>	<b>AR-08-03533</b>
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<b>21. Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text]
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<b>22. Filing Fees</b> (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]
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**Check #: NA**  
**Amount: \$50.00**

Paid via EFT in SERFF

**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.)**

**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.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>AR-08-03533</b>
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>N/A</b>
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Exclusion of Other Than Certified Acts of Terrorism	SP 4 161 0208	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) (**Do not refer to the body of the filing for the forms listing.**) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)