

SERFF Tracking Number: ERCB-125618497 State: Arkansas  
First Filing Company: Westport Insurance Corporation, ... State Tracking Number: EFT \$50  
Company Tracking Number: 9-ML-AR-08-03555-1-F  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: AR - WIC/NAS/NAE - Interline - Terrorism Rejection Notice  
Project Name/Number: AR - WIC/NAS/NAE - Interline - Terrorism Rejection Notice/9-ML-AR-08-03555-1-F

## Filing at a Glance

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

Product Name: AR - WIC/NAS/NAE - Interline - SERFF Tr Num: ERCB-125618497 State: Arkansas  
Terrorism Rejection Notice

TOI: 35.0 Interline Filings	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 35.0002 Commercial Interline Filings	Co Tr Num: 9-ML-AR-08-03555-1-F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Robin Bromell	Disposition Date: 04/28/2008
	Date Submitted: 04/22/2008	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: AR - WIC/NAS/NAE - Interline - Terrorism Rejection Notice Status of Filing in Domicile: Pending

Project Number: 9-ML-AR-08-03555-1-F

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/28/2008

State Status Changed: 04/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Swiss Reinsurance is filing Disclosure Notice Terrorism Risk Insurance Act Rejection Of Our Offer Of Coverage, DN-TERROR-REJECT 0108, in three of its companies, Westport Insurance Corporation (WIC), North American Specialty Insurance Company (NAS) and North American Elite Insurance Company (NAE). This notice can be used with Businessowners, Commercial General Liability, Commercial Property and Commercial Inland Marine.

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This notice is an optional form that notifies the insured that the policy excludes coverage for Certified Acts of Terrorism, pursuant to the insured's rejection of coverage. This form will only be attached to policies where the insured has rejected coverage for Certified Act of Terrorism. This form replaces DN-TERROR-REJECT 1102.

This filing is being submitted under the Prior Approval provisions. We respectfully request an effective date of June 30, 2008.

## Company and Contact

### Filing Contact Information

Robin Bromell, Compliance Specialist robin\_bromell@swissre.com  
 5200 Metcalf (800) 255-6931 [Phone]  
 Overland Park, KS 66201

### 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	

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	

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	

## Filing Fees

Fee Required? Yes

*SERFF Tracking Number:*      *ERCB-125618497*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Westport Insurance Corporation, ...*                      *State Tracking Number:*      *EFT \$50*  
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**Fee Amount:**                      **\$50.00**  
**Retaliatory?**                      **No**  
**Fee Explanation:**  
**Per Company:**                      **No**

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Westport Insurance Corporation	\$50.00	04/22/2008	19798540
North American Specialty Insurance Company	\$0.00	04/22/2008	
North American Elite Insurance Company	\$0.00	04/22/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/28/2008	04/28/2008

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## Disposition

Disposition Date: 04/28/2008  
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

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<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>	Disclosure Notice Terrorism Risk Insurance Act Rejection Of Our Offer Of Coverage	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 Notice Terrorism Risk Insurance Act Rejection Of Our Offer Of Coverage	DN- TERROR- REJECT	0108	Disclosure/ Notice	Replaced Replaced Form #: DN-TERROR- REJECT 1102 Previous Filing #:	0.00	DN- TERROR- REJECT 0108.pdf

***[Insert Company Name Here]***

**DISCLOSURE NOTICE  
TERRORISM RISK INSURANCE ACT  
REJECTION OF OUR OFFER OF COVERAGE**

You have rejected our offer of coverage for certified acts of terrorism, as defined in and certified under the Terrorism Risk Insurance Act. Therefore, this policy does not provide such coverage. This policy contains one or more exclusions that apply to certified acts of terrorism.

If you were not made aware of our offer of coverage for certified acts of terrorism, or believe that this notice was included in this policy in error, please notify your agent or broker immediately.

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	04/28/2008
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### Comments:

### Attachments:

AR Form Filing Schedule.pdf  
AR PCTD1 Transmittal.pdf

**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>9-ML-AR-08-03555-1-F</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>NA</b>			
<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	Disclosure Notice Terrorism Risk Insurance Act Rejection Of Our Offer Of Coverage	DN-TERROR-REJECT 0108	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	DN-TERROR-REJECT 1102	
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		
08			<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.)

## Property & Casualty Transmittal Document

<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:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

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

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Westport Insurance Corporation	MO	181-39845	48-0921045	
North American Specialty Insurance Company	NH	181-29874	02-311919	
North American Elite Insurance Company	NH	181-29700	13-3440360	

<b>5. Company Tracking Number</b>	<b>9-ML-AR-08-03555-1-F</b>
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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
	Robin Bromell 5200 Metcalf Overland Park, KS 66201	Compliance Specialist	800-255-6931, Ext. 5503	913-676-6226	Robin_bromell@swis sre.com
7.	Signature of authorized filer		<i>Robin Bromell</i>		
8.	Please print name of authorized filer		Robin Bromell		

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

<b>9. Type of Insurance (TOI)</b>	35.0000
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	35.0002
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	
<b>12. Company Program Title</b> (Marketing title)	
<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 (give description)
<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</b> (if applicable)	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	04/22/2008
<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>9-ML-AR-08-03555-1-F</b>
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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This notice is an optional form that notifies the insured that the policy excludes coverage for Certified Acts of Terrorism, pursuant to the insured's rejection of coverage. This form will only be attached to policies where the insured has rejected coverage for Certified Act of Terrorism. This form replaces DN-TERROR-REJECT 1102.

This filing is being submitted under the Prior Approval provisions. We respectfully request an effective date of June 30, 2008.

<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 #:** serff eft  
**Amount:** \$50.00

**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.)**