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|---------------------------------|--|-------------------------------|---------------------------------------|
| <i>SERFF Tracking Number:</i> | <i>HRLV-125579241</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Harleysville Mutual Insurance Company</i> | <i>State Tracking Number:</i> | <i># \$0</i> |
| <i>Company Tracking Number:</i> | <i>COPJM020808-1</i> | | |
| <i>TOI:</i> | <i>33.0 Other Lines of Business</i> | <i>Sub-TOI:</i> | <i>33.0002 Other Commercial Lines</i> |
| <i>Product Name:</i> | <i>COP TRIPRA</i> | | |
| <i>Project Name/Number:</i> | <i>/</i> | | |

Filing at a Glance

Company: Harleysville Mutual Insurance Company

Product Name: COP TRIPRA

SERFF Tr Num: HRLV-125579241 State: Arkansas

TOI: 33.0 Other Lines of Business

SERFF Status: Closed

State Tr Num: # \$0

Sub-TOI: 33.0002 Other Commercial Lines

Co Tr Num: COPJM020808-1

State Status: Fees verified and received

Filing Type: Form

Co Status: Submitted to State

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

Author: Carol Zwoyer

Disposition Date: 04/02/2008

Date Submitted: 03/26/2008

Disposition Status: Accepted For Informational Purposes

Effective Date Requested (New):

Effective Date (New): 04/02/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

04/02/2008

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/02/2008

State Status Changed: 04/02/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

In an effort to ensure that we are in compliance with the US Treasury requirements for the Terrorism Risk program reauthorization Act of 2007, we wish submit the AAIS disclosure notice CL 06 05 (filed under AAIS-2008-4COPF) for informational purposes.

SERFF Tracking Number: HRLV-125579241 State: Arkansas
 Filing Company: Harleysville Mutual Insurance Company State Tracking Number: # \$0
 Company Tracking Number: COPJM020808-1
 TOI: 33.0 Other Lines of Business Sub-TOI: 33.0002 Other Commercial Lines
 Product Name: COP TRIPRA
 Project Name/Number: /

Company and Contact

Filing Contact Information

Carol Zwoyer, Senior State Filing Analyst czwoyer@harleysvillegroup.com
 355 Maple Avenue (215) 256-5735 [Phone]
 Harleysville, PA 19438-2297 (215) 256-5678[FAX]

Filing Company Information

Harleysville Mutual Insurance Company CoCode: 14168 State of Domicile: Pennsylvania
 355 Maple Avenue Group Code: 253 Company Type:
 Harleysville, PA 19438 Group Name: State ID Number:
 (215) 256-5000 ext. [Phone] FEIN Number: 23-0902325

Filing Fees

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

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------------------------------------|--------|----------------|---------------|
| Harleysville Mutual Insurance Company | \$0.00 | 03/26/2008 | |

SERFF Tracking Number: HRLV-125579241 State: Arkansas
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Product Name: COP TRIPRA
Project Name/Number: /

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--|------------|------------|----------------|
| Accepted For Llyweyia Rawlins Informational Purposes | | 04/02/2008 | 04/02/2008 |

SERFF Tracking Number: HRLV-125579241 State: Arkansas
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Company Tracking Number: COPJM020808-1
TOI: 33.0 Other Lines of Business Sub-TOI: 33.0002 Other Commercial Lines
Product Name: COP TRIPRA
Project Name/Number: /

Disposition

Disposition Date: 04/02/2008

Effective Date (New): 04/02/2008

Effective Date (Renewal): 04/02/2008

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HRLV-125579241 State: Arkansas
 Filing Company: Harleysville Mutual Insurance Company State Tracking Number: # \$0
 Company Tracking Number: COPJM020808-1
 TOI: 33.0 Other Lines of Business Sub-TOI: 33.0002 Other Commercial Lines
 Product Name: COP TRIPRA
 Project Name/Number: /

| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------------------------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Accepted for Informational Purposes | Yes |
| Supporting Document | cover letter | Accepted for Informational Purposes | Yes |
| Supporting Document | expedited filing transmittal | Accepted for Informational Purposes | Yes |
| Form | Certified Terrorism Loss Disclosure of Premium and Federal Share of Insured Losses | Accepted for Informational Purposes | Yes |
| Form | Endorsement Notice of Terrorism Insurance Coverage | Accepted for Informational Purposes | Yes |

SERFF Tracking Number: HRLV-125579241 State: Arkansas
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 Product Name: COP TRIPRA
 Project Name/Number: /

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|--|--|----------|--------------|--|-------------------------------------|-------------|----------------|
| Accepted for Information Disclosure of al Purposes | Certified Terrorism Loss Federal Share of Insured Losses | CL 06 05 | 1-08 | Disclosure/ New Notice | | | CL-0605_Ed.pdf |
| Accepted for Information Disclosure of al Purposes | Endorsement Notice of Terrorism Insurance Coverage | IL-7156 | 5-06 | Endorsement/Withdrawn/Amendment/Conditions | Replaced Form #: Previous Filing #: | | |

CERTIFIED TERRORISM LOSS DISCLOSURE OF PREMIUM AND FEDERAL SHARE OF INSURED LOSSES

(The entries required to complete this endorsement will be shown below, on the "declarations", or on the "schedule of coverages".)

SCHEDULE

Certified Terrorism Loss Premium \$ 0

Additional information, if any, concerning terrorism premium:

1. The portion of "your" premium that is attributed to coverage for "certified terrorism loss" is shown in the Schedule above.
2. Coverage for "certified terrorism loss", to the extent that such coverage is provided by this policy or Coverage Part, will be partially reimbursed by the United States Government, Department of Treasury under a federal program. Under that program, the United States pays 85% of insured losses for "certified terrorism loss" that exceeds the statutorily established deductible that "we" retain. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act, as amended, exceed one hundred billion dollars in a Program Year (January 1 through December 31), the Treasury will not make payment for any portion of the amount of such losses that exceeds one hundred billion dollars.

If the Secretary of the Treasury determines that the aggregate amount of "certified terrorism loss" has exceeded one hundred billion dollars in a Program Year (January 1 through December 31), and "we" have met "our" insurer deductible under the Terrorism Risk Insurance Act, as amended, "we" will not pay for any portion of "certified terrorism loss" that exceeds one hundred billion dollars. If the "certified terrorism loss" exceeds one hundred billion dollars in a Program Year (January 1 through December 31), losses up to one hundred billion dollars are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury under the Terrorism Risk Insurance Act, as amended.

SERFF Tracking Number: *HRLV-125579241* *State:* *Arkansas*
Filing Company: *Harleysville Mutual Insurance Company* *State Tracking Number:* *# \$0*
Company Tracking Number: *COPJM020808-1*
TOI: *33.0 Other Lines of Business* *Sub-TOI:* *33.0002 Other Commercial Lines*
Product Name: *COP TRIPRA*
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HRLV-125579241 State: Arkansas
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Product Name: COP TRIPRA
Project Name/Number: /

Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-
Property & Casualty

Bypass Reason: not applicable

Comments:

Review Status:

Accepted for Informational 04/02/2008
Purposes

Satisfied -Name: cover letter

Comments:

Attachment:

AR Federal Terrorism 2008 form.pdf

Review Status:

Accepted for Informational 04/02/2008
Purposes

Satisfied -Name: expedited filing transmittal

Comments:

Attachment:

TRIA expedited form.pdf

Review Status:

Accepted for Informational 04/02/2008
Purposes

HARLEYSVILLE MUTUAL INSURANCE COMPANY

**355 Maple Avenue
Harleysville, PA 19438-2297
www.harleysvillegroup.com**

March 25, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

NAIC # 14168
COMMERCIAL OUTPUT PROGRAM
Form Filing
Company File Number:125579241

Dear Honorable Bowman:

With this filing it is our intent to submit the following revision to apply to our Commercial Output program.

In an effort to ensure that we are in compliance with the US Treasury requirements for the Terrorism Risk program reauthorization Act of 2007, we wish submit the AAIS disclosure notice CL 06 05 (filed under AAIS-2008-4COPF) for informational purposes

Attached: CL 06 05 (Ed. 01/08) Certified Terrorism Loss Disclosure of Premium and Federal Share of Insured Losses

Withdrawn: IL-7156 (Ed. 5-06) Endorsement Notice of Terrorism Insurance Coverage

These changes are applicable in conjunction with the implementation of the Terrorism Risk Insurance Program Reauthorization Act of 2007 (H.R. 2761).

Your favorable approval will be appreciated.

Very truly yours,



Carol Zwoyer, AAM, AIT
Senior State Filing Analyst
(215) 256-5735

czwoyer@Harleysvillegroup.com

cc: Jen Milewski

**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 # |
|-----------------|----------|--------|--------|
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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> | Form # or Rate Page Include edition date | Replacement Or withdrawn? | If replacement, give form # or rate page(s) it replaces | Previous State Filing Number, if required by state |
|----|--|---|--|--|---|
| 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 | | |
| 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 | | |
| 09 | | | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither | | |
| 10 | | | <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: