

SERFF Tracking Number: HRLV-125579621 State: Arkansas
Filing Company: Harleysville Mutual Insurance Company State Tracking Number: # \$0
Company Tracking Number: IMJM020808-2
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: CIM
Project Name/Number: IM (AAIS) TRIPRA /

Filing at a Glance

Company: Harleysville Mutual Insurance Company

Product Name: CIM	SERFF Tr Num: HRLV-125579621	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: # \$0
Sub-TOI: 09.0005 Other Commercial Inland Marine	Co Tr Num: IMJM020808-2	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: IM (AAIS) TRIPRA
Project Number:
Reference Organization:
Reference Title:
Filing Status Changed: 04/02/2008
State Status Changed: 04/02/2008
Corresponding Filing Tracking Number:
Filing Description:

Status of Filing in Domicile:
Domicile Status Comments:
Reference Number:
Advisory Org. Circular:
Deemer Date:

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 to submit AAIS disclosure notice CL 0605 (filed under bulletin # 08-0379) for informational purposes.

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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	

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Correspondence Summary

Dispositions

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

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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.

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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 & Federal Share of Insured Losses	Accepted for Informational Purposes	Yes

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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 Disclosure of Premium & Federal Share of Insured Losses	CL 0605	1-08	Disclosure/ New Notice			CL-0605_Ed.pdf

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-125579621* *State:* *Arkansas*
Filing Company: *Harleysville Mutual Insurance Company* *State Tracking Number:* *# \$0*
Company Tracking Number: *IMJM020808-2*
TOI: *09.0 Inland Marine* *Sub-TOI:* *09.0005 Other Commercial Inland Marine*
Product Name: *CIM*
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HRLV-125579621

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Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-
Property & Casualty

Bypass Reason: not applicable

Comments:

Review Status:

Accepted for Informational Purposes 04/02/2008

Satisfied -Name: cover letter

Comments:

Attachment:

AR CIM_AAIS_TRIPRA form.pdf

Review Status:

Accepted for Informational Purposes 04/02/2008

Satisfied -Name: expedited filing transmittal

Comments:

Attachment:

CIM TRIA expedited form.pdf

Review Status:

Accepted for Informational Purposes 04/02/2008

HARLEYSVILLE MUTUAL INSURANCE COMPANY

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

March 26, 2008

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

NAIC # 14168
COMMERCIAL INLAND MARINE (AAIS)

Form Filing
Company File Number: 125579621

Dear Honorable Bowman:

With this filing it is our intent to submit the following revisions to our AAIS Commercial Inland marine 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 to submit AAIS disclosure notice CL 0605 (filed under bulletin # 08-0379) for informational purposes.

Attached: CL 0605 (Ed. 1-08) Certified Terrorism Loss Disclosure of Premium & Federal Share of Insured Losses

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

Your favorable consideration 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 #

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>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
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: