

SERFF Tracking Number: HSTB-125575952 State: Arkansas
Filing Company: The Hartford Steam Boiler Inspection and Insurance Company State Tracking Number: #3000104696 \$50
Company Tracking Number: TRIA-UNI-2008
TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1007 Other CMP
Portion Only
Product Name: Commercial Multiple Peril
Project Name/Number: TRIPRA/

Filing at a Glance

Company: The Hartford Steam Boiler Inspection and Insurance Company
Product Name: Commercial Multiple Peril SERFF Tr Num: HSTB-125575952 State: Arkansas
TOI: 05.1 Commercial Multi-Peril - Non-Liability SERFF Status: Closed State Tr Num: #3000104696 \$50
Portion Only
Sub-TOI: 05.1007 Other CMP Co Tr Num: TRIA-UNI-2008 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
Disposition Date: 04/01/2008
Authors: Faye Neilan, Cathy Uhlman
Date Submitted: 03/25/2008 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New): 04/01/2008
Effective Date Requested (Renewal): On Approval Effective Date (Renewal): 04/01/2008

State Filing Description:

General Information

Project Name: TRIPRA Status of Filing in Domicile: Pending
Project Number: Domicile Status Comments: Not yet approved. Filed simultaneously.
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 04/01/2008
State Status Changed: 04/01/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

SERFF Tracking Number: HSTB-125575952 State: Arkansas
 Filing Company: The Hartford Steam Boiler Inspection and Insurance Company State Tracking Number: #3000104696 \$50
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 TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1007 Other CMP
 Portion Only
 Product Name: Commercial Multiple Peril
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This filing is in response to the passage of the Terrorism Risk Insurance Program Reauthorization Act of 2007. This filing consists of two new forms, and several withdrawn forms for our commercial property UNITECH Property All Risk Coverage program.

Company and Contact

Filing Contact Information

Faye Neilan, faye_neilan@hsb.com
 One State Street (860) 722-5321 [Phone]
 Hartford, CT 06102-5024

Filing Company Information

The Hartford Steam Boiler Inspection and Insurance Company CoCode: 11452 State of Domicile: Connecticut
 One State Street Group Code: Company Type:
 P.O. Box 5024
 Hartford, CT 06102-5024 Group Name: State ID Number: 82
 (860) 722-5321 ext. [Phone] FEIN Number: 06-0384680

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Hartford Steam Boiler Inspection and Insurance Company	\$0.00	03/25/2008	

SERFF Tracking Number: HSTB-125575952 *State:* Arkansas
Filing Company: The Hartford Steam Boiler Inspection and *State Tracking Number:* #3000104696 \$50
Insurance Company
Company Tracking Number: TRIA-UNI-2008
TOI: 05.1 Commercial Multi-Peril - Non-Liability *Sub-TOI:* 05.1007 Other CMP
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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
3000104696	\$50.00	03/25/2008

SERFF Tracking Number: HSTB-125575952 State: Arkansas
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TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1007 Other CMP
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/01/2008	04/01/2008

SERFF Tracking Number: HSTB-125575952 State: Arkansas
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Disposition

Disposition Date: 04/01/2008

Effective Date (New): 04/01/2008

Effective Date (Renewal): 04/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HSTB-125575952 State: Arkansas
 Filing Company: The Hartford Steam Boiler Inspection and Insurance Company State Tracking Number: #3000104696 \$50
 Company Tracking Number: TRIA-UNI-2008
 TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1007 Other CMP
 Portion Only
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Form	Policyholder Disclosure Notice of Terrorism Insurance Coverage (Coverage Included)	Approved	Yes
Form	Terrorism Exclusion - Certified Acts	Approved	Yes
Form	Policyholder Disclosure Statement Under TRIA Act of 2002	Withdrawn	Yes
Form	Policyholder Disclosure Statement Under TRIA Act of 2002	Withdrawn	Yes
Form	Policyholder Disclosure Statement Under TRIA Act of 2002	Withdrawn	Yes
Form	Policyholder Disclosure Statement Under TRIA Act of 2002	Withdrawn	Yes
Form	Terrorism Exclusion (For Certified Acts of Terrorism Under the Terrorism Risk Insurance Act of 2002 "TRIA")	Withdrawn	Yes

SERFF Tracking Number: HSTB-125575952 State: Arkansas
 Filing Company: The Hartford Steam Boiler Inspection and Insurance Company State Tracking Number: #3000104696 \$50
 Company Tracking Number: TRIA-UNI-2008
 TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1007 Other CMP
 Portion Only
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policyholder Disclosure Notice of Terrorism Insurance Coverage (Coverage Included)	UNE 96556	0208	Disclosure/ New Notice		0.00	UNE 96556 0208.pdf
Approved	Terrorism Exclusion - Certified Acts	UNE 96557	0208	Endorsement/Amendment/Conditions		0.00	UNE 96557 0208.pdf
Withdrawn	Policyholder Disclosure Statement Under TRIA Act of 2002	81312	(2/03)	Disclosure/ Withdrawn Notice	Replaced Form #:0.00 Previous Filing #: TRIA-UNI-2003		
Withdrawn	Policyholder Disclosure Statement Under TRIA Act of 2002	81313	(2/03)	Disclosure/ Withdrawn Notice	Replaced Form #:0.00 Previous Filing #: TRIA-UNI-2003		
Withdrawn	Policyholder Disclosure Statement Under TRIA Act of 2002	81314	(2/03)	Disclosure/ Withdrawn Notice	Replaced Form #:0.00 Previous Filing #: TRIA-UNI-2003		
Withdrawn	Policyholder Disclosure Statement Under TRIA Act of 2002	81315	(2/03)	Disclosure/ Withdrawn Notice	Replaced Form #:0.00 Previous Filing #: TRIA-UNI-2003		
Withdrawn	Terrorism Exclusion (For Certified Acts of Terrorism Under	81330	(3/03)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Previous Filing #: TRIA-UNI-2003		

SERFF Tracking Number: HSTB-125575952 State: Arkansas
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Product Name: Commercial Multiple Peril
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the Terrorism
Risk Insurance
Act of 2002
"TRIA")

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE
(COVERAGE INCLUDED)

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act: The term “act of terrorism” means any 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; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and 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.

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 Act.

Terrorism Exclusion – Certified Acts

Name Insured:

Policy Number:

Endorsement No:

Effective Date:

Canceling Endt. No:

Endt Premium (Annual) Incl. In Policy:

Issue Date:

Premium Due:

This insurance does not apply to loss, injury, damage, claim or suit, arising directly or indirectly as a result of an “act of terrorism”, which is defined in the Terrorism Risk Insurance Act of 2002, as amended by the Terrorism Risk Insurance Program Reauthorization Act of 2007 (collectively, “TRIA”) as follows:

(1) ACT OF TERRORISM. –

(A) CERTIFICATION. – The term “act of terrorism” means any 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 –

(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 of the United States in the case of –

(I) an air carrier or vessel [described in TRIA]; 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.

(B) LIMITATION. – 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 workers’ compensation; or

(ii) property and casualty insurance losses resulting from the act, in the aggregate, do not exceed \$5,000,000.

(C) DETERMINATIONS FINAL. – Any certification of, or determination not to certify, an act as an act of terrorism under this paragraph shall be final, and shall not be subject to judicial review.

(D) NONDELEGATION. – The Secretary may not delegate or designate to any other officer, employee, or person, any determination under this paragraph of whether, during the effective period of the Program, an act of terrorism has occurred.

The following applies solely to commercial property policies:

Where required by state law, if an act of terrorism results in fire, the Insurer will pay for the direct loss or damage to Covered Property, as this term is defined in the commercial property policy, caused by that fire.

All other terms and conditions of the policy are the same.

Authorized Representative

SERFF Tracking Number: *HSTB-125575952* *State:* *Arkansas*
Filing Company: *The Hartford Steam Boiler Inspection and* *State Tracking Number:* *#3000104696 \$50*
 Insurance Company
Company Tracking Number: *TRIA-UNI-2008*
TOI: *05.1 Commercial Multi-Peril - Non-Liability* *Sub-TOI:* *05.1007 Other CMP*
 Portion Only
Product Name: *Commercial Multiple Peril*
Project Name/Number: *TRIPRA/*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HSTB-125575952 State: Arkansas
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Company Tracking Number: TRIA-UNI-2008
TOI: 05.1 Commercial Multi-Peril - Non-Liability Sub-TOI: 05.1007 Other CMP
Portion Only
Product Name: Commercial Multiple Peril
Project Name/Number: TRIPRA/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 04/01/2008

Comments:

Pursuant to Arkansas Bulletin No. 1-2008, by completed the Expedited Filing Transmittal Document attached will relieve an insurer from having to complete any other filing form that is normally required.

Attachment:

TRIA_expedited_filing_formar.pdf

Satisfied -Name: Filing Memorandum **Review Status:** Approved 04/01/2008

Comments:

Attachment:

UNITECH TRIA form filng memo.pdf

**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>	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:

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 #
ABC Insurance Company	NY	0000-99999	99-1234567

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
John Doe (Form Filing) Regulatory Compliance ABC Insurance Co. 12345 Fifth Ave New York, NY 10234	501-555-5555	501-555-5551	John.doe@abcins.com

Filing information

Line of Insurance (see attachment)	Commercial General Liability
Company Program Title (Marketing title) (if applicable)	General Liability Program
Filing Type ** see note below	Form (Endorsement)
This application is used with:	(Insert policy form number to which the application attaches)
Effective Date Requested	01-01-07 (Enter your desired effective date)
Filing date	(Date Company sends filing)
Company Tracking Number	ABC-EP-2001-01 (Enter your filing tracking number, if applicable)
Date filing approved in domiciliary state, if applicable	Not approved yet. Filed on same date as this filing.

	Component/Form Name /Description/Synopsis	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	Certified Loss Coverage Form	CG XX XX 12 02	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	List form number of previous terrorism exclusion	
02			<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 compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state;
- Is compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Signature

Print Name:

Title:

FILING MEMORANDUM

**COMPLIANCE WITH THE TERRORISM RISK INSURANCE PROGRAM
REAUTHORIZATION ACT OF 2007**

**THE HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY
COMMERCIAL PROPERTY INSURANCE
UNITECH PROGRAM**

This filing is in response to the passage of the Terrorism Risk Insurance Program Reauthorization Act of 2007 (the Act). The Act made various changes to the Terrorism Risk Insurance Program including federal participation in losses, the definition of certified acts of terrorism and disclosure requirements. Two new forms have been created in accordance with the Act. This filing also withdraws all forms previously used to support the Terrorism Risk Insurance Act of 2002.

NEW FORMS:

Form Title	Form Number
Policyholder Disclosure Notice of Terrorism Insurance Coverage (Coverage Included)	UNE 96556 0208
Terrorism Exclusion – Certified Acts	UNE 96557 0208

DESCRIPTION OF CHANGES:

UNE 96556: Policyholder Notice of Terrorism Insurance Coverage (Coverage Accepted)

This new policyholder notice is being filed for informational purposes only and discloses to insureds the federal share of losses (85%), the existence of the \$100 Billion cap on payments the federal government will make to insurers and the premium we are charging for terrorism coverage as required by the Act. The notice also defines an act of terrorism as defined under Section 102(1)(A)(iv) of the Act.

This notice will be attached to all policies where terrorism coverage is accepted.

UNE 96557: Terrorism Exclusion – Certified Acts

This new exclusion excludes acts certified act of terrorism as defined by the Act under Section 102(1)(A)(iv). The form does provide coverage for fire following exposures in states where such laws require insurers to cover losses if an act of terrorism results in fire.

This endorsement is attached to all policies where terrorism coverage is rejected.

WITHDRAWN FORMS:

Form Title	Form Number
Policyholder Disclosure Statement Under Terrorism Risk Insurance Act of 2002	81312 (2/03)
Policyholder Disclosure Statement Under Terrorism Risk Insurance Act of 2002	81313 (2/03)
Policyholder Disclosure Statement Under Terrorism Risk Insurance Act of 2002	81314 (2/03)
Policyholder Disclosure Statement Under Terrorism Risk Insurance Act of 2002	81315 (2/03)
Terrorism Exclusion (For Certified Acts of Terrorism Under the Terrorism Risk Insurance Act of 2002 "TRIA")	81330 (3/03)

NO CHANGE TO RATES:

There is no change to the rate that is charged for certified acts of terrorism.