

SERFF Tracking Number: LDRX-125590525 State: Arkansas
First Filing Company: Bituminous Casualty Corporation, ... State Tracking Number: EFT \$50
Company Tracking Number: CF AR08020CGF01
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Commercial Fire Terrorism Disclosure Notice
Project Name/Number: 2008 BIC Independent Company Filings/CF AR08020CGF01

Filing at a Glance

Companies: Bituminous Casualty Corporation, Bituminous Fire and Marine Insurance Company

Product Name: Commercial Fire Terrorism SERFF Tr Num: LDRX-125590525 State: Arkansas

Disclosure Notice

TOI: 01.0 Property

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)

Co Tr Num: CF AR08020CGF01

State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Author: SPI Bituminous

Disposition Date: 04/10/2008

Date Submitted: 04/01/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 04/10/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: 2008 BIC Independent Company Filings

Status of Filing in Domicile:

Project Number: CF AR08020CGF01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/10/2008

Deemer Date:

State Status Changed: 04/10/2008

Corresponding Filing Tracking Number:

Filing Description:

In accordance with your requirements Bituminous Casualty Corporation and Bituminous Fire and Marine Insurance Company are submitting our disclosure notice for informational purposes. The following notice will be used for Commercial Fire effective immediately. A copy is attached for your ease in reference.

Please acknowledge our intent of this submission via SERFF. If additional information is required please let me know.

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GU-4543 (02/08) Policyholder Disclosure Notice of Terrorism Insurance Coverage

Company and Contact

Filing Contact Information

Rosanne Sly-Ginther, Advanced Administrative rslyginther@bituminousinsurance.com

Analyst

320 18th Street (309) 732-0204 [Phone]
 Rock Island, IL 61201 (309) 786-3847[FAX]

Filing Company Information

Bituminous Casualty Corporation CoCode: 20095 State of Domicile: Illinois
 320 18th Street Group Code: 150 Company Type: Commercial
 Property and Casualty
 Rock Island, IL 61201 Group Name: Bituminous InsuranceState ID Number:
 Companies
 (309) 786-5401 ext. [Phone] FEIN Number: 36-0810360

Bituminous Fire and Marine Insurance CoCode: 20109 State of Domicile: Illinois
 Company Group Code: 150 Company Type: Commercial
 320 18th St. Property and Casualty
 Rock Island, IL 61201 Group Name: Bituminous InsuranceState ID Number:
 Companies
 (309) 786-5401 ext. [Phone] FEIN Number: 36-6054328

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:

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Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bituminous Casualty Corporation	\$50.00	04/01/2008	19191265

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/10/2008	04/10/2008

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Disposition

Disposition Date: 04/10/2008
Effective Date (New): 04/10/2008
Effective Date (Renewal):
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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - EXPD FILING TRANS FOR TER RISK	Approved	Yes
Form	Policyholder Disclosure Notice of Terrorism Insurance 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	Policyholder Disclosure Notice of Terrorism Insurance Coverage	GU-4543	(02/08)	Disclosure/ New Notice		0.00	GU-4543.PDF



320 18th Street
Rock Island, IL 61201
1-800-475-4477

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

On December 26, 2007, the Terrorism Risk Insurance Act was extended. Any losses caused by certified acts of terrorism are partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by Bituminous Insurance Companies. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the federal government under the Act.

As defined in Section 102(1) of the Terrorism Risk Insurance Act, a certified "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 certified, the act of terrorism must: 1) be a violent act or an act that is dangerous to human life, property, or infrastructure; 2) have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and 3) 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.

You should also know that 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 in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

You have a right to purchase insurance coverage for losses arising from terrorism, as defined in the Act. Unless you elect to purchase the coverage, we will attach an exclusion for Acts of Terrorism, as defined in the Act, to your policy.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

YOU HAVE THIRTY (30) DAYS TO CONSIDER THIS OFFER OF COVERAGE FOR ACTS OF TERRORISM, AS DEFINED IN THE ACT. FAILURE TO RETURN THIS SIGNED FORM INDICATING AN ELECTION TO PURCHASE TERRORISM COVERAGE, AS DEFINED IN THE ACT, WILL BE DEEMED YOUR REJECTION OF TERRORISM COVERAGE, AS DEFINED IN THE ACT.

The undersigned understands that this election will apply to this policy, any future renewals of this policy, and all replacement policies issued by Bituminous Insurance Companies or any of its affiliates until you notify us in writing to change your selection.

Please indicate your selection by an :

- I hereby elect to purchase terrorism coverage for Acts of Terrorism, as defined in the Act, for an annual premium of \$_____.
- I hereby elect to have the exclusion for Acts of Terrorism, as defined in the Act, added to my policy. I understand that I will have no coverage for losses arising from terrorism, as defined in the Act.

Policyholder/Applicant's Signature

Insured

Policy Number/Policy Period

Print Name/Title

Date

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Rate Information

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Supporting Document Schedules

Bypassed -Name: Uniform Transmittal Document-Property & Casualty
Bypass Reason: informational filing for Terrorism disclosure notice
Comments:

Review Status: Approved 04/10/2008

Satisfied -Name: AR - EXPD FILING TRANS FOR TER RISK
Comments:
Attachment: AR - EXPD FILING TRANS FOR TER RISK.PDF

Review Status: Approved 04/10/2008

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) AR

Indicate Type of Filing
<input checked="" 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 #
Bituminous Casualty Corporation	IL	150-20095	36-0810360
Bituminous Fire and Marine Insurance Company	IL	150-20109	36-6054328

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Rosanne Sly-Ginther 320 18th Street Rock Island IL 61201	309-732-0204 Ext. 204	309-786-3847	rslyginther@bituminousinsurance.com

Filing information

Line of Insurance (see attachment)	Commercial Fire
Company Program Title (Marketing title) (if applicable)	2008 BIC Independent Company Filings
Filing Type ** see note below	
This application is used with:	
Effective Date Requested	On Approval
Filing date	04/01/08
Company Tracking Number	CF AR08020CGF01
Date filing approved in domiciliary state, if applicable	

	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	Policyholder Disclosure Notice of Terrorism Insurance Coverage	GU-4543 (02/08)	<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		

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.

Rosanne Sly-Ginther

Signature

Rosanne Sly-Ginther

Print Name:

Advanced Administrative
Analyst

Title: