

SERFF Tracking Number: MSMX-125542735 State: Arkansas  
First Filing Company: Mitsui Sumitomo Insurance Company of America, ... State Tracking Number: #22370 \$25  
Company Tracking Number: WC AR00069CGF01  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations  
Product Name: CIF-2007-10 - NCCI TRIPRA Forms  
Project Name/Number: WC - Adoption of Revised Terrorism Forms and/or Rules in Response to TRIPRA of 2007/WC AR00069CGF01

## Filing at a Glance

Companies: Mitsui Sumitomo Insurance Company of America, Mitsui Sumitomo Insurance USA Inc.

Product Name: CIF-2007-10 - NCCI TRIPRA Forms SERFF Tr Num: MSMX-125542735 State: Arkansas

TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #22370 \$25  
Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: WC AR00069CGF01 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: SPI Disposition Date: 04/08/2008

MitsuiSumitomoMarineManagemen

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Date Submitted: 03/13/2008 Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: WC - Adoption of Revised Terrorism Forms and/or Rules Status of Filing in Domicile: in Response to TRIPRA of 2007

Project Number: WC AR00069CGF01

Domicile Status Comments:

Reference Organization: National Council on Compensation Insurance, Reference Number: Item P-1405 Inc.

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/08/2008

State Status Changed: 03/31/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

On behalf of Mitsui Sumitomo Insurance Company of America ("MSIA") and Mitsui Sumitomo Insurance USA Inc. ("MSU"), we are filing to adopt the following Workers' Compensation Terrorism Endorsements as outlined in NCCI

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Circular CIF-2007-10 dated December 28, 2007

WC 00 01 13 A Terrorism Risk Insurance Program Reauthorization Act Endorsement  
WC 00 04 21 B Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium  
Endorsement

We are also filing for Informational purposes the Policyholder Disclosure Notice.

WC Notice 3 (12/07) Policyholder Disclosure Notice of Terrorism Insurance Coverage

We respectfully request that these endorsements be effective January 1, 2008 for use as outlined in your Bulletin.

## Company and Contact

### Filing Contact Information

Roger Moskus, Senior Government Affairs Analyst  
RMoskus@msigusa.com  
15 Independence Boulevard  
Warren, NJ 07059-0602  
(908) 604-2953 [Phone]  
(419) 715-0856[FAX]

### Filing Company Information

Mitsui Sumitomo Insurance Company of America  
15 Independence Boulevard  
CoCode: 20362 State of Domicile: New York  
Group Code: 2978 Company Type: Property and Casualty

P.O. Box 4602  
Warren, NJ 07059-0602  
(908) 604-2900 ext. [Phone]  
Group Name: Mitsui Sumitomo Insurance Group  
State ID Number:  
FEIN Number: 22-3818012  
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Mitsui Sumitomo Insurance USA Inc.  
15 Independence Boulevard  
CoCode: 22551 State of Domicile: New York  
Group Code: 2978 Company Type: Property and Casualty

P.O.Box 4602

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Warren, NJ 07059-0602

Group Name: Mitsui Sumitomo  
Insurance Group

State ID Number:

(908) 604-2900 ext. [Phone]

FEIN Number: 13-3467153

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## **Filing Fees**

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

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	04/08/2008	04/08/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted

Pending	Carol Stiffler	03/17/2008	03/17/2008			
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Industry

Response

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Fees	Note To Reviewer	SPI MitsuiSumitomo MarineManagem ent	03/18/2008	03/18/2008

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## Disposition

Disposition Date: 04/08/2008

Effective Date (New): 01/01/2008

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
Form	Terrorism Risk Insurance Program Reauthorization Act Endorsement	Approved	Yes
Form	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	Approved	Yes
Form	Policyholder Disclosure - Notice of Terrorism Insurance Coverage	Approved	Yes

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## **Objection Letter**

Objection Letter Status Pending Industry Response

Objection Letter Date 03/17/2008

Submitted Date 03/17/2008

Respond By Date

Dear Roger Moskus,

This will acknowledge receipt of the captioned filing.

Under the Filing Fees tab, it indicates that no filing fee is required. The filing fee to adopt P-1405 is \$25.00. The filing may be approved contingent on receiving the fees if you acknowledge that a check is being sent.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler



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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Terrorism Risk Insurance Program Reauthorization Act Endorsement	WC 00 01 13	A	Endorsement/Amendment/Conditions	Replaced Form #:0.00 WC 00 0 13 Previous Filing #:		WC 00 01 13.PDF
Approved	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	WC 00 04 21	B	Endorsement/Amendment/Conditions	Replaced Form #:0.00 WC 00 04 21 Previous Filing #:		WC 00 04 21.PDF
Approved	Policyholder Disclosure - Notice of Terrorism Insurance Coverage	WC Notice 3	12/07	Disclosure/ Notice	Replaced Form #:0.00 WC Notice 3 Previous Filing #:		WC Notice 3.PDF

**TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT**

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007.

**Definitions**

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

“Act” means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

“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 as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has 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.

“Insured Loss” means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

“Insurer Deductible” means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

“Program Year” refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

**Limitation of Liability**

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

**Policyholder Disclosure Notice**

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceeds \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceeds \$100,000,000,000.
3. The premiums charged for the coverage for Insured Losses under this policy are included in the amounts shown in Item 4 of the Information Page or in the Schedules in the Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement (WC 00 04 21 B) and the Foreign Terrorism Premium Endorsement (WC 00 04 22), attached to this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective  
Insured

Policy No.

Endorsement No.  
Premium:

Insurance Company

Countersigned by \_\_\_\_\_

### DOMESTIC TERRORISM, EARTHQUAKES, AND CATASTROPHIC INDUSTRIAL ACCIDENTS PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of domestic terrorism, earthquakes, and/or a catastrophic industrial accident.

Your policy provides coverage for workers compensation losses caused by acts of domestic terrorism, earthquakes, and/or catastrophic industrial accident including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

The premium charge provides funding for the risk of earthquakes, catastrophic industrial accidents, and acts of domestic terrorism. It does not provide funding for acts of foreign terrorism as that term is defined in the Foreign Terrorism Premium Endorsement (WC 00 04 22), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- Domestic Terrorism: All acts of terrorism, certified (as defined in the Terrorism Risk Insurance Act of 2002), or non-certified, that are outside the scope of the Foreign Terrorism Premium Endorsement (WC 00 04 22), and where aggregate workers compensation losses are in excess of \$50 million.
- Earthquake: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity where aggregate workers compensation losses from the single event are in excess of \$50 million.
- Catastrophic Industrial Accident: Any single event resulting in aggregate workers compensation losses in excess of \$50 million.

#### Schedule

Payroll

Rate

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective  
Insured

Policy No.

Endorsement No.  
Premium:

Insurance Company

Countersigned by \_\_\_\_\_

**WC 00 04 21 B**

(Ed. 1-08)



Date: \_\_\_\_\_

Named Insured: \_\_\_\_\_  
Policy Effective Date: \_\_\_\_\_ Underwriting Office: \_\_\_\_\_  
Agent: \_\_\_\_\_  
Agent Contact Name: \_\_\_\_\_

## **POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**

Coverage for acts of terrorism is already included in your current policy. Under your existing coverage, any losses resulting from certified acts of terrorism would be partially reimbursed by the United States Government under a formula established by federal law. Under this formula, the United States Government pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act of 2002 (the "Act"), as amended, contains a \$100,000,000,000 cap that limits the United States Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100,000,000,000 in any one calendar year. If the aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100,000,000,000 in a Program Year (January 1 through December 31) for all insurers, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100,000,000,000 and 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.

Name of Insurer: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

**If you have any questions, please contact your producer.**



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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 04/08/2008

**Comments:**

Terrorism "Expedited Filing." See Expedited Transmittal.

**Attachments:**

AR - NAIC FORM FILING SCHEDULE.PDF

AR - EXPD FILING TRANS FOR TER RISK.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, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	WC AR00069CGF01
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Terrorism Risk Insurance Program Reauthorization Act Endorsement	WC 00 01 13 A	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	WC 00 0 13	
02	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	WC 00 04 21 B	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	WC 00 04 21	
03	Policyholder Disclosure - Notice of Terrorism Insurance Coverage	WC Notice 3 12/07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	WC Notice 3	
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

**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 #
Mitsui Sumitomo Insurance Company of America	NY	2978-20362	22-3818012
Mitsui Sumitomo Insurance USA Inc.	NY	2978-22551	13-3467153

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Roger Moskus 15 Independence Boulevard, P.O. Box 4602 Warren NJ 07059-0602	908-604-2953	419-715-0856	RMoskus@msigu sa.com

**Filing information**

<b>Line of Insurance</b> (see attachment)	Workers Compensation
<b>Company Program Title</b> (Marketing title) (if applicable)	2008 Bureau Filings
<b>Filing Type ** see note below</b>	
<b>This application is used with:</b>	
<b>Effective Date Requested</b>	01-01-2008
<b>Filing date</b>	03-13-2008
<b>Company Tracking Number</b>	WC AR00069CGF01
<b>Date filing approved in domiciliary state, if applicable</b>	Pending

	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	Terrorism Risk Insurance Program Reauthorization Act Endorsement	WC 00 01 13 A	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	WC 00 0 13	
02	Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement	WC 00 04 21 B	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	WC 00 04 21 A	
03	Policyholder Disclosure - Notice of Terrorism Insurance Coverage	WC Notice 3 12/07	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	WC Notice 3 12/07	

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.

*Roger A. Moskus*

Signature

Roger Moskus

Print Name:

Senior Government Affairs

Analyst

Title: