

SERFF Tracking Number: MSMX-125584136 State: Arkansas
 First Filing Company: Mitsui Sumitomo Insurance Company of America, ... State Tracking Number: #? \$?
 Company Tracking Number: GL AR00077CGF01
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: LI-GL-2008-008 - ISO TRIPRA Forms and Rules
 Project Name/Number: ISO General Liability TRIPRA Forms and Rules/GL AR00077CGF01

Filing at a Glance

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

Product Name: LI-GL-2008-008 - ISO TRIPRA SERFF Tr Num: MSMX-125584136 State: Arkansas

Forms and Rules

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #? \$?

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: GL AR00077CGF01 State Status: Fees verified and received

Filing Type: Form

Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: SPI Disposition Date: 04/16/2008

MitsuiSumitomoMarineManagement

Date Submitted: 03/28/2008 Disposition Status: Approved

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

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: ISO General Liability TRIPRA Forms and Rules

Status of Filing in Domicile:

Project Number: GL AR00077CGF01

Domicile Status Comments:

Reference Organization: Insurance Services Office, Inc.

Reference Number: CL-2007-OTRL1

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/16/2008

State Status Changed: 04/16/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

On behalf of Mitsui Sumitomo Insurance Group (MSIG), we are submitting MSIG Policyholder Disclosure Notices due to the passage of the Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA).

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TRIPRA extends the Federal Terrorism Program through December 31, 2014.

TRIPRA revises the definition of an act of terrorism to eliminate the criterion that the act be committed by a foreign person or foreign interest. The definition also requires that the act 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 the NAIC Expedited Filing procedure, we are required to submit an Informational Filing containing our Policyholder Notices for information purposes.

We have included our Notice to Policyholders explaining the revisions and advising our policyholders of a \$100 billion program cap and our Selection / Rejection Form.

We respectfully request that these Notices be effective January 1, 2008 for use as outlined and under the guidelines of "Expedited Terrorism Filings."

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
P.O. Box 4602
Warren, NJ 07059-0602
(908) 604-2900 ext. [Phone]

CoCode: 20362
Group Code: 2978
Group Name: Mitsui Sumitomo Insurance Group
FEIN Number: 22-3818012

State of Domicile: New York
Company Type: Property and Casualty
State ID Number:

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Mitsui Sumitomo Insurance USA Inc.
15 Independence Boulevard

CoCode: 22551
Group Code: 2978

State of Domicile: New York
Company Type: Property and
Casualty

P.O.Box 4602
Warren, NJ 07059-0602

Group Name: Mitsui Sumitomo
Insurance Group
FEIN Number: 13-3467153

State ID Number:

(908) 604-2900 ext. [Phone]

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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	Edith Roberts	04/16/2008	04/16/2008

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Disposition

Disposition Date: 04/16/2008

Effective Date (New):

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	Cover Letter, AR - NAIC P&C TRANSMITTAL DOCUMENT	Approved	Yes
Form	Policyholder Disclosure - Notice of Terrorism Insurance Coverage	Approved	Yes
Form	Disclosure Notice Terrorism Risk Insurance Act of 2002 (As Amended) Rejection Of Our Offer Of 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	CL 1035 12 02 NR	12/07	Disclosure/ Replaced Notice	Replaced Form #:0.00 CL 1035 12 02 NR Previous Filing #:		CL 1035 12 02 NR.PDF
Approved	Disclosure Notice Terrorism Risk Insurance Act of 2002 (As Amended) Rejection Of Our Offer Of Coverage	MS 0612	12 07	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 MS 0602 Previous Filing #:		MS 0612.PDF



CL 1035 12 02 NR (12/07)

Page 1 of 2

Date: _____

Insurance Company: _____

Policy Number: _____ Policy Effective Date: _____

Named Insured: _____

Underwriting Office: _____ Agent: _____

Agent Contact Name: _____

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that the Terrorism Risk Insurance Act of 2002 (the "Act"), effective November 26, 2002, as amended by the Terrorism Risk Insurance Extension Act of 2005, effective December 22, 2005 (the "Extension Act"), has now been amended by the Terrorism Risk Insurance Program Reauthorization Act of 2007 (the "Reauthorization Act"), effective December 26, 2007. The Reauthorization Act now extends TRIA through December 31, 2014. In doing so, the Reauthorization Act adds "Additional Program Years" (calendar years 2008-2014) to the Program. You have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act. See the next page for a further description of an act of terrorism as provided under the Act, the Extension Act and the Reauthorization Act. As used in this notice the Act and all subsequent Amendments thereto, including but not limited to the Extension Act and the Reauthorization Act, are collectively referred to as "TRIA".

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

You may accept or reject this offer of coverage. If you choose to accept this coverage, the premium for this coverage is payable according to the terms of your billing notice, and any terrorism exclusions attached to your policy are not applicable to losses caused by certified acts of terrorism as defined in TRIA.

You may reject this offer by completing and signing the enclosed statement and returning it to us. Failure to pay the premium by the due date will also constitute rejection of the offer.

Please indicate below your acceptance or rejection of this offer of coverage, sign this disclosure notice, and return to us. If you send us a signed rejection of coverage or you fail to pay your premium for coverage for terrorism as defined in TRIA by the due date, your policy will be endorsed to exclude coverage for certified terrorism losses.

You should know that coverage provided by this policy for losses caused by certified acts of terrorism is partially reimbursed by the United States Government under a formula established by Federal law. However, your policy may contain other exclusions which might affect your coverage, such as exclusion for nuclear events. Under this 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 premium shown below does not include any charges for the portion of loss covered by the Federal government under TRIA.

You should also know that TRIA now contains a \$100,000,000,000 cap under Section 103(e)(2) that limits U.S. Government reimbursement as well as insurers' liability for losses arising out of acts of terrorism when the amount of such losses in any one calendar year exceeds \$100,000,000,000. If the aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance 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.

_____ I hereby accept this offer of insurance coverage. I acknowledge that I have been notified that under TRIA any covered losses caused by certified acts of terrorism will be partially reimbursed by the United States Government, and that I have been notified of the amount of my premium attributable to such coverage.

_____ I hereby reject this offer of insurance coverage. I understand that an exclusion of certified terrorism losses will be made part of this policy.

If you accept this offer, the premium for coverage for terrorism as defined in TRIA is \$_____.

In the state(s) of _____

_____ a terrorism exclusion makes an exception for fire losses resulting from an act of terrorism. Accordingly, if you reject the offer of terrorism coverage as provided under the program, that rejection is not applicable to fire losses resulting from an act of terrorism. In this/these state(s), the coverage in your policy for such fire losses will continue. The premium due for terrorism (fire only) is \$_____. If you reject coverage for losses arising out of acts of terrorism as defined in TRIA, you must nevertheless pay this premium.

Policyholder's Signature:

Date:

_____ Print Name

The following excerpts from TRIA are provided for your information:

As defined in Section 102(1)(A) of the Terrorism Risk Insurance Act of 2002, as amended, 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 the United States in the case of (I) an air carrier or vessel described in paragraph (5)(B); 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." Section 102(1)(B) states, "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 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." Sections 102(1)(C) and (D) specify that: (1) the Secretary's determination is final and not subject to judicial review; and (2) the Secretary cannot delegate the determination to anyone.

Please return this completed notice with your selection to your producer.



Policy Number _____

**DISCLOSURE NOTICE
TERRORISM RISK INSURANCE ACT OF 2002 –
(AS AMENDED)
REJECTION OF OUR OFFER OF COVERAGE**

Named Insured _____

Effective Date: _____
12:01 A.M., Standard Time _____

Agent Name

Agent No.

You have rejected our offer of coverage for certified acts of terrorism, as defined in and certified under the Terrorism Risk Insurance Act of 2002 and as amended by the Terrorism Risk Insurance Extension Act of 2005 and the Terrorism Risk Insurance Program Reauthorization Act of 2007. Therefore, this policy does not provide such coverage. This policy contains one or more exclusions that apply to certified acts of terrorism.

If you were not made aware of our offer of coverage for certified acts of terrorism, or believe that this notice was included in this policy in error, please notify your agent or broker immediately.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 04/16/2008

Comments:
Enclosed

Satisfied -Name: Cover Letter, AR - NAIC P&C
TRANSMITTAL DOCUMENT **Review Status:** Approved 04/16/2008

Comments:

Attachments:

Cover Letter.PDF
AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

March 28, 2008

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

Attn: Property & Casualty Division

RE: Form Filing - LI-GL-2008-008 - ISO TRIPRA Forms and Rules
General Liability
Company Filing#: GL AR00077CGF01
Mitsui Sumitomo Insurance Company of America NAIC#: 2978-20362 FEIN#: 22-3818012
Mitsui Sumitomo Insurance USA Inc. NAIC#: 2978-22551 FEIN#: 13-3467153

Dear Commissioner Benafield Bowman:

We wish to submit the following Form filing for Informational, General Liability for use in Arkansas. This filing is to be effective on or after January 1, 2008.

Policy Form(s) and Endorsement(s) Submitted:

Form Title: Policyholder Disclosure - Notice of Terrorism Insurance Coverage
Form No.: CL 1035 12 02 NR Replaces: CL 1035 12 02 NR 01/06
Edition Date: 12/07

Form Title: Disclosure Notice Terrorism Risk Insurance Act of 2002 (As Amended) Rejection Of Our Offer Of Coverage
Form No.: MS 0612 Replaces: MS 0602 01 06
Edition Date: 12 07

We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please contact the undersigned. Thank you in advance for your help and attention to this matter.

Mr. Roger Moskus
Senior Government Affairs Analyst

Phone: 908-604-2953
Fax: 419-715-0856
Email: RMoskus@msigusa.com

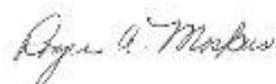
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #			
Mitsui Sumitomo Insurance Group	2978			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Mitsui Sumitomo Insurance Company of America	NY	20362	22-3818012	
Mitsui Sumitomo Insurance USA Inc.	NY	22551	13-3467153	

5. Company Tracking Number	GL AR00077CGF01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Roger Moskus 15 Independence Boulevard, P.O. Box 4602 Warren NJ 07059-0602	Senior Government Affairs Analyst	800-388-1802	419-715-0856	RMoskus@msigusa.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Roger Moskus		

Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	17.0 Other Liability - Claims Made/Occurrence
10.	Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Terrorism Informationa, Expedited Filing
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input checked="" type="checkbox"/> Other (give description) Policyholder Disclosure Notices
14.	Effective Date(s) Requested	New: 01/01/2008 Renewal: 01/01/2008
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	Insurance Services Office, Inc.
17.	Reference Organization # & Title	
18.	Company's Date of Filing	03/28/2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

