

SERFF Tracking Number: MSMX-125599539 State: Arkansas
 First Filing Company: Mitsui Sumitomo Insurance Company of America, ... State Tracking Number: #? \$?
 Company Tracking Number: UELAR00080CGF01
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess
 Product Name: AAIS CUP - Adoption of 08-0125 C/W Revised Terrori
 Project Name/Number: AAIS CUP - Adoption of 08-0125 C/W Revised Terrorism Endorsements/UELAR00080CGF01

Filing at a Glance

Companies: Mitsui Sumitomo Insurance Company of America, Mitsui Sumitomo Insurance USA Inc.
 Product Name: AAIS CUP - Adoption of 08-0125 C/W Revised Terrori SERFF Tr Num: MSMX-125599539 State: Arkansas
 TOI: 17.0 Other Liability - Claims Made/Occurrence SERFF Status: Closed State Tr Num: #? \$?
 Sub-TOI: 17.0020 Commercial Umbrella & Excess Co Tr Num: UELAR00080CGF01 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
 MitsuiSumitomoMarineManagemen
 Date Submitted: 04/08/2008 Disposition Status: Accepted For Informational Purposes
 Effective Date Requested (New): 01/23/2008 Effective Date (New):
 Effective Date Requested (Renewal): Effective Date (Renewal):
 State Filing Description:

General Information

Project Name: AAIS CUP - Adoption of 08-0125 C/W Revised Terrorism Status of Filing in Domicile:
 Endorsements
 Project Number: UELAR00080CGF01 Domicile Status Comments:
 Reference Organization: American Association of Insurance Services (AAIS) Reference Number:
 Reference Title: Advisory Org. Circular:
 Filing Status Changed: 04/16/2008
 State Status Changed: 04/16/2008 Deemer Date:
 Corresponding Filing Tracking Number:

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Filing Description:

AAIS Reference Filing - AAIS-2008-4CUP

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).

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 as well as a Reference filing adopting AAIS filed forms

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 23, 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
15 Independence Boulevard
Warren, NJ 07059-0602
RMoskus@msigusa.com
(908) 604-2953 [Phone]
(419) 715-0856[FAX]

Filing Company Information

SERFF Tracking Number: MSMX-125599539 State: Arkansas
First Filing Company: Mitsui Sumitomo Insurance Company of State Tracking Number: #? \$?
America, ...
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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
Accepted For Edith Roberts Informational Purposes		04/16/2008	04/16/2008

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Disposition

Disposition Date: 04/16/2008

Effective Date (New):

Effective Date (Renewal):

Status: Accepted For Informational Purposes

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	Cover Letter, AR - EXPD FILING TRANS FOR TER RISK, AR - NAIC FORM FILING SCHEDULE, AR - NAIC P&C TRANSMITTAL DOCUMENT	Accepted for Informational Purposes	Yes
Form	Certified Act of Terrorism Exclusion	Accepted for Informational Purposes	Yes
Form	Certified And Non-Certified Act of Terrorism Exclusion And War And Military Action Exclusion	Accepted for Informational Purposes	Yes
Form	Non-Certified Act of Terrorism Exclusion And War And Military Action Exclusion	Accepted for Informational Purposes	Yes
Form	Certified And Non-Certified Act of Terrorism Exclusion And War And Military Action Exclusion (Nuclear, Biological, And Chemical Non-certified Acts of Terrorism)	Accepted for Informational Purposes	Yes
Form	Nuclear, Biological, And Chemical Non-certified Acts of Terrorism Exclusion and War And Military Action Exclusion	Accepted for Informational Purposes	Yes
Form	Certified Terrorism Loss Disclosure of Premium and Federal Share of Insured Losses	Accepted for Informational Purposes	Yes
Form	Policyholder Disclosure Notice	Accepted for Informational Purposes	Yes
Form	Certified Terrorism Loss	Accepted for Informational Purposes	Yes
Form	Policyholder Disclosure Notice of Terrorism Insurance Coverage	Accepted for Informational Purposes	Yes
Form	Policyholder Disclosure Notice Terrorism Risk Insurance Act of 2002	Accepted for Informational Purposes	Yes
Form	Disclosure Notice Terrorism Risk Insurance Act of 2002 (As Amended) Rejection of Our Offer of Coverage	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 al Purposes	Certified Act of Terrorism Exclusion	UM 0765	01 08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Previous Filing #:	
Accepted for Information al Purposes	Certified And Non-Certified Act of Terrorism Exclusion And War And Military Action Exclusion	UM 0774	06 06	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Previous Filing #:	
Accepted for Information al Purposes	Non-Certified Act of Terrorism Exclusion And War And Military Action Exclusion	UM 0775	12 02	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Previous Filing #:	
Accepted for Information al Purposes	Certified And Non-Certified Act of Terrorism Exclusion And War And Military Action Exclusion (Nuclear, Biological, And Chemical Non-certified Acts of Terrorism)	UM 0784	06 06	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Previous Filing #:	
Accepted for Information al Purposes	Nuclear, Biological, And Chemical Non-certified Acts of Terrorism Exclusion and	UM 0785	12 02	Endorsement/Amendment/Conditions	Replaced Form #:0.00 Previous Filing #:	

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War And Military
 Action Exclusion

Accepted for Information al Purposes	Certified Terrorism Loss Disclosure of Premium and Federal Share of Insured Losses	CL 0605 01 08	Endorseme Withdrawn nt/Amendm ent/Condi ons	Replaced Form #:0.00 Previous Filing #:	
Accepted for Information al Purposes	Policyholder Disclosure Notice	CL 1045 01 08	Election/Re Withdrawn jection/Sup plemental Application s	Replaced Form #:0.00 Previous Filing #:	
Accepted for Information al Purposes	Certified Terrorism Loss	UM 0755 01 08	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #:0.00 Previous Filing #:	
Accepted for Information al Purposes	Policyholder Disclosure Notice 2 of Terrorism Insurance Coverage	UM Notice 12 07	Election/Re Replaced jection/Sup plemental Application s	Replaced Form #:0.00 UM Notice 2 Previous Filing #:	UM Notice 2.PDF
Accepted for Information al Purposes	Policyholder Disclosure Notice Terrorism Risk Insurance Act of 2002	MS 0611 12 07	Election/Re Replaced jection/Sup plemental Application s	Replaced Form #:0.00 MS 0601 Previous Filing #:	MS 0611.PDF
Accepted for Information al Purposes	Disclosure Notice Terrorism Risk Insurance Act of 2002 (As Amended) Rejection of Our Offer of Coverage	MS 0612 12 07	Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #:0.00 MS 0602 Previous Filing #:	MS 0612.PDF



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 MUST ALSO MAINTAIN INSURANCE COVERAGE IN ALL OF THIS POLICY'S UNDERLYING INSURANCE FOR LOSSES ARISING OUT OF 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 \$_____.

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 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

PREMIUM DISCLOSURE NOTICE TERRORISM RISK INSURANCE ACT OF 2002 - (AS AMENDED)

Named Insured _____

Effective Date: _____

12:01 A.M., Standard Time

Agent Name _____

Agent No. _____

(The entries required to complete this endorsement will be shown below, on the "declarations", or on the "schedule of coverages".)

SCHEDULE

The premium for coverage for certified acts of terrorism, as defined by the Act, and as amended is:
\$ _____

Additional information, if any, concerning terrorism premium:

1. The premium for this policy includes coverage for insured losses covered by the Terrorism Insurance Program ("the Program") established by the Terrorism Risk Insurance Act of 2002 (the "Act") as amended by the Terrorism Risk Insurance Extension Act of 2005 (the "Extension Act") and the Terrorism Risk Insurance Program Reauthorization Act of 2007 (the "Reauthorization Act"). The amount shown above is the premium for this coverage and does not include any changes for the portion of loss covered by the Federal Government under the Act, the Extension Act and the Reauthorization Act. As used in this notice, the Act, the Extension Act and the Reauthorization Act will collectively be referred to as "TRIA".
2. This premium and coverage do not apply to any insuring agreements or coverage parts in this policy for which you did not accept our offer of such terrorism coverage. For all other insuring agreements or coverage parts, if \$ 0 is shown for the premium above, this policy provides such coverage at no premium charge for otherwise covered losses.
3. The Terrorism Insurance Program established by TRIA applies to certain losses, if otherwise covered by your policy that result from an "act of terrorism," as defined in and certified under TRIA. The United States Government shares in the payment of insured losses under the Program and the amount of its share is 85% of such losses that exceed the applicable insurer deductible. If the aggregate insured losses attributable to terrorist acts certified under TRIA exceed \$100,000,000,000 in a Program Year (January 1 through December 31) for all insurers, the United States Treasury Department 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.

If the Secretary of the Treasury determines that aggregate insured losses attributable to terrorist acts certified under TRIA exceeded \$100,000,000,000 in a Program Year (January 1 through December 31) and we have met our insurer deductible under TRIA, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100, 000,000,000, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury under TRIA, as amended.



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.

SERFF Tracking Number: MSMX-125599539 *State:* Arkansas
First Filing Company: Mitsui Sumitomo Insurance Company of *State Tracking Number:* #? \$?
America, ...
Company Tracking Number: UELAR00080CGF01
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0020 Commercial Umbrella & Excess
Product Name: AAIS CUP - Adoption of 08-0125 C/W Revised Terrori
Project Name/Number: AAIS CUP - Adoption of 08-0125 C/W Revised Terrorism Endorsements/UELAR00080CGF01

Rate Information

Rate data does NOT apply to filing.

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America, ...
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Supporting Document Schedules

Satisfied -Name: Cover Letter, AR - EXPD FILING
TRANS FOR TER RISK, AR - NAIC
FORM FILING SCHEDULE, AR -
NAIC P&C TRANSMITTAL
DOCUMENT

Review Status: Accepted for Informational 04/16/2008
Purposes

Comments:

Attachments:

Cover Letter.PDF
AR - EXPD FILING TRANS FOR TER RISK.PDF
AR - NAIC FORM FILING SCHEDULE.PDF
AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

April 8, 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 - AAIS CUP - Adoption of 08-0125 C/W Revised Terrorism Endorsements
Umbrella and Excess Liability
Company Filing#: UELAR00080CGF01
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 General Reference, Umbrella and Excess Liability for use in Arkansas.

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

Form Title:	Policyholder Disclosure Notice of Terrorism Insurance Coverage		
Form No.:	UM Notice 2	Replaces:	UM Notice 2 01 06
Edition Date:	12 07		
Form Title:	Policyholder Disclosure Notice Terrorism Risk Insurance Act of 2002		
Form No.:	MS 0611	Replaces:	MS 0601 06 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		
Form Title:	Certified Terrorism Loss		
Form No.:	UM 0755		
Edition Date:	01 08		
Form Title:	Certified Act of Terrorism Exclusion		
Form No.:	UM 0765		
Edition Date:	01 08		
Form Title:	Certified And Non-Certified Act of Terrorism Exclusion And War And Military Action Exclusion		
Form No.:	UM 0774		
Edition Date:	06 06		

Form Title: Non-Certified Act of Terrorism Exclusion And War And Military Action Exclusion
Form No.: UM 0775
Edition Date: 12 02

Form Title: Certified And Non-Certified Act of Terrorism Exclusion And War And Military
Action Exclusion (Nuclear, Biological, And Chemical Non-certified Acts of
Terrorism)

Form No.: UM 0784
Edition Date: 06 06

Form Title: Nuclear, Biological, And Chemical Non-certified Acts of Terrorism Exclusion and
War And Military Action Exclusion

Form No.: UM 0785
Edition Date: 12 02

Form Title: Certified Terrorism Loss Disclosure of Premium and Federal Share of Insured Losses
Form No.: CL 0605
Edition Date: 01 08

Form Title: Policyholder Disclosure Notice
Form No.: CL 1045
Edition Date: 01 08

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

**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

Line of Insurance (see attachment)	Umbrella and Excess Liability
Company Program Title (Marketing title) (if applicable)	2008 Bureau Filings
Filing Type ** see note below	AAIS Reference Filing and Informational Disclosure Policyholder Notices
This application is used with:	
Effective Date Requested	01/23/2008
Filing date	04/08/2008
Company Tracking Number	UELAR00080CGF01
Date filing approved in domiciliary state, if applicable	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	Policyholder Disclosure Notice of Terrorism Insurance Coverage	UM Notice 2 12 07	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	UM Notice 2 01 06	
02	Policyholder Disclosure Notice Terrorism Risk Insurance Act of 2002	MS 0611 12 07	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	MS 0601 06 06	
03	Disclosure Notice Terrorism Risk Insurance Act of 2002 (As Amended) Rejection of Our Offer of Coverage	MS 0612 12 07	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	MS 0602 01 06	
04	Certified Terrorism Loss	UM 0755 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05	Certified Act of Terrorism Exclusion	UM 0765 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06	Certified And Non-Certified Act of Terrorism Exclusion And War And Military Action Exclusion	UM 0774 06 06	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07	Non-Certified Act of Terrorism Exclusion And War And Military Action Exclusion	UM 0775 12 02	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

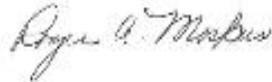
	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
08	Certified And Non-Certified Act of Terrorism Exclusion And War And Military Action Exclusion (Nuclear, Biological, And Chemical Non-certified Acts of Terrorism)	UM 0784 06 06	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09	Nuclear, Biological, And Chemical Non-certified Acts of Terrorism Exclusion and War And Military Action Exclusion	UM 0785 12 02	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10	Certified Terrorism Loss Disclosure of Premium and Federal Share of Insured Losses	CL 0605 01 08	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
11	Policyholder Disclosure Notice	CL 1045 01 08	<input type="checkbox"/> Replacement <input checked="" 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

Roger Moskus

Print Name:

Senior Government Affairs Analyst

Title:

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.)

1. **This filing transmittal is part of Company Tracking #** UELAR00080CGF01

2. **This filing corresponds to rate/rule filing number**
 (Company tracking number of rate/rule filing, if applicable)

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	Policyholder Disclosure Notice of Terrorism Insurance Coverage	UM Notice 2 12 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	UM Notice 2	
02	Policyholder Disclosure Notice Terrorism Risk Insurance Act of 2002	MS 0611 12 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	MS 0601	
03	Disclosure Notice Terrorism Risk Insurance Act of 2002 (As Amended) Rejection of Our Offer of Coverage	MS 0612 12 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	MS 0602	
04	Certified Terrorism Loss	UM 0755 01 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Certified Act of Terrorism Exclusion	UM 0765 01 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Certified And Non-Certified Act of Terrorism Exclusion And War And Military Action Exclusion	UM 0774 06 06	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
07	Non-Certified Act of Terrorism Exclusion And War And Military Action Exclusion	UM 0775 12 02	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
08	Certified And Non-Certified Act of Terrorism Exclusion And War And Military Action Exclusion (Nuclear, Biological, And Chemical Non-certified Acts of Terrorism)	UM 0784 06 06	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
09	Nuclear, Biological, And Chemical Non-certified Acts of Terrorism Exclusion and War And Military Action Exclusion	UM 0785 12 02	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
10	Certified Terrorism Loss Disclosure of Premium and Federal Share of Insured Losses	CL 0605 01 08	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		
11	Policyholder Disclosure Notice	CL 1045 01 08	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn		

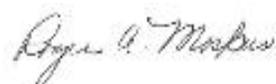
Property & Casualty Transmittal Document

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	UELAR00080CGF01
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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)	17.0020 Commercial Umbrella & Excess
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	TRIPRA - Rerrorism
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 01/23/2008 Renewal: 01/23/2008
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	American Association of Insurance Services (AAIS)
17.	Reference Organization # & Title	
18.	Company's Date of Filing	04/08/2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

