

SERFF Tracking Number: NWCM-125570840 State: Arkansas
First Filing Company: Nationwide Mutual Fire Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: E-2008RLOE-7CPJHK
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Commercial Property
Project Name/Number: Terrorism Risk Insurance Program Reauthorization Act of 2007/E-2008RLOE-7CPJHK

Filing at a Glance

Companies: Nationwide Mutual Fire Insurance Company, Nationwide Mutual Insurance Company, Nationwide Property & Casualty Insurance Company

Product Name: Commercial Property	SERFF Tr Num: NWCM-125570840	State: Arkansas
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: E-2008RLOE-7CPJHK	State Status: Fees verified and received
Filing Type: Form	Co Status: Pending - Submitted	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Duane Hartley	Disposition Date: 04/01/2008
	Date Submitted: 03/24/2008	Disposition Status: Approved
Effective Date Requested (New): 05/22/2008		Effective Date (New): 05/22/2008
Effective Date Requested (Renewal): 06/09/2008		Effective Date (Renewal): 06/09/2008

State Filing Description:

General Information

Project Name: Terrorism Risk Insurance Program Reauthorization Act of 2007	Status of Filing in Domicile:
Project Number: E-2008RLOE-7CPJHK	Domicile Status Comments:
Reference Organization: ISO	Reference Number: CL-2007-OTRP1
Reference Title: Revised Terrorism Forms in response to TRIA Act of 2007	Advisory Org. Circular: LI-CF-2007-200
Filing Status Changed: 04/01/2008	
State Status Changed: 04/01/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
We are filing to adopt the forms associated with ISO filing designation CL-2007-OTRP1 for our Commercial Property program.	

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We are requesting an effective date of May 22, 2008 for New Business and June 9, 2008 for Renewal policies.

The corresponding rule filing is being made under separate cover - NWCM-125570841.

Company and Contact

Filing Contact Information

Duane Hartley, Sr. Filing Analyst hartled@nationwide.com
 One Nationwide Plaza (614) 249-6346 [Phone]
 Columbus, OH 43215 (614) 249-3922[FAX]

Filing Company Information

Nationwide Mutual Fire Insurance Company CoCode: 23779 State of Domicile: Ohio
 One Nationwide Plaza Group Code: 140 Company Type: Property & Casualty

1-17-02
 Columbus, OH 43215 Group Name: State ID Number:
 (614) 249-2271 ext. [Phone] FEIN Number: 31-4177110

Nationwide Mutual Insurance Company CoCode: 23787 State of Domicile: Ohio
 One Nationwide Plaza Group Code: 140 Company Type: Property & Casualty

1-17-02
 Columbus, OH 43215 Group Name: State ID Number:
 (614) 249-2271 ext. [Phone] FEIN Number: 31-4177100

Nationwide Property & Casualty Insurance Company CoCode: 37877 State of Domicile: Ohio
 One Nationwide Plaza Group Code: 140 Company Type:

1-17-02
 Columbus, OH 43215 Group Name: State ID Number:
 (614) 249-2271 ext. [Phone] FEIN Number: 31-0970750

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Mutual Fire Insurance Company	\$50.00	03/24/2008	18883300
Nationwide Mutual Insurance Company	\$0.00	03/24/2008	
Nationwide Property & Casualty Insurance Company	\$0.00	03/24/2008	

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Correspondence Summary

Dispositions

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

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Disposition

Disposition Date: 04/01/2008
Effective Date (New): 05/22/2008
Effective Date (Renewal): 06/09/2008
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	Expedited Transmittal Document for Terrorism Risk	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Form	Notice of Terrorism Insurance Coverage - Notice - Disclosure of Premium	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Notice of Terrorism Insurance Coverage - Notice - Disclosure of Premium	IN 72 39	01 08	Disclosure/ Replaced Notice	Replaced Form #: IN 72 39 Previous Filing #:		IN 7239 01 08.pdf

**NOTICE OF TERRORISM INSURANCE COVERAGE
NOTICE – DISCLOSURE OF PREMIUM**

**Applies to all Commercial Policies, except for Farmowners Multiperil, Business Auto,
Crime, and Workers Compensation**

(This disclosure notice does not provide coverage, and it does not replace any provisions of your policy. You should read your policy for complete information on the coverages you are provided. If there is any conflict between the policy and this notice, the provisions of the policy shall prevail.)

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. 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 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 insurer’s 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 \$0, and does not include any charges for that portion of losses covered by the United States Government under the Act.

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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 04/01/2008

Comments:

Attachment:

Arkansas PC Transmittal - Forms.pdf

Satisfied -Name: Expedited Transmittal Document for Terrorism Risk **Review Status:** Approved 04/01/2008

Comments:

Attachment:

Ar - Expedited Transmittal Doc for Terrorism Risk - Form.pdf

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

Comments:

Attachment:

Form Filing Memorandum - Legacy.pdf

Property & Casualty Transmittal Document

Reset Form

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:

New Business	
Renewal Business	

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

3. Group Name	Group NAIC #
Nationwide Insurance Companies	140

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Nationwide Mutual Insurance Company	Ohio	23787	31-4177100	
Nationwide Mutual Fire Insurance Co.	Ohio	23779	31-4177110	
Nationwide Property & Casualty Ins. Co.	Ohio	37877	31-0970750	

5. Company Tracking Number	E-2008RLOE-7CPJHK
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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
Duane Hartley One Nationwide Plaza Columbus, Ohio 43215	Sr. Filing Analyst	614-249-6346	614-249-3922	hartled@nationwide.com

7. Signature of authorized filer	Duane Hartley	<small>Digitally signed by Duane Hartley DN: cn=Duane Hartley, c=US, o=Nationwide Insurance, ou=Commercial Insurance, email=hartled@nationwide.com Date: 2008.03.24 10:43:27 -0400</small>
8. Please print name of authorized filer	Duane Hartley	

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

9. Type of Insurance (TOI)	01.0 Property
10. Sub-Type of Insurance (Sub-TOI)	01.0001 Commercial Property (Fire and Allied Lines)
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Commercial Property
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: May 22, 2008 Renewal: June 9, 2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO
17. Reference Organization # & Title	CL-2007-OTRP1
18. Company's Date of Filing	March 24, 2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # E-2008RLOE-7CPJHK

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

We are filing to adopt the forms associated with ISO filing designation CL-2007-OTRP1 for our Commercial Property program. We are also filing our disclosure notice with this filing.

We are requesting an effective date of May 22, 2008 for New Business and June 9, 2008 for Renewal policies.

The corresponding rule filing is being made under separate cover - NWCM-125570841.

[View Complete Filing Description](#)

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Not Applicable.

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

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 #	E-2008RLOE-7CPJHK
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	E-2008RLOE-7CPJHK
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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	Notice of Terrorism Insurance Coverage - Notice - Disclosure of Premium	IN 72 39 01 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		

PC FFS-1

**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 #
Nationwide Mutual Insurance Company	Ohio	140-23787	31-4177100
Nationwide Mutual Insurance Company	Ohio	140-23779	31-4177110
Nationwide Property & Casualty Insurance Company	Ohio	140-37877	31-0970750

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Duane Hartley One Nationwide Plaza - 1-17-03 Columbus, Ohio 43215	614-249-6346	614-249-3922	hartled@nationwide.com

Filing information

Line of Insurance (see attachment)	1.0001 - Commercial Property
Company Program Title (Marketing title) (if applicable)	Commercial Property
Filing Type ** see note below	Form
This application is used with:	Commercial Property
Effective Date Requested	May 22, 2008 - New Business, June 9, 2008 - Renewals
Filing date	March 24, 2008
Company Tracking Number	E-2008RLOE-7CPJHK
Date filing approved in domiciliary state, if applicable	Pending

	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01	Notice of Terrorism Insurance Coverage - Notice - Disclosure of Premium	IN 72 39 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a form 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.

Duane Hartley

Signature

Duane Hartley
Print Name:

Sr. Filing Analyst
Title:

Nationwide Mutual Insurance Company
Nationwide Mutual Fire Insurance Company
Nationwide Property and Casualty Insurance Company

Form Revision Filing

With this filing, we are implementing the ISO Terrorism Filing Designations for Forms under CL-2007-OTRP1.