

SERFF Tracking Number: RLSC-125583165 State: Arkansas
Filing Company: RLI Indemnity Company State Tracking Number: #? \$?
Company Tracking Number: EXS-TERR-0308
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess
Product Name: e-XS Commercial Umbrella/Excess Liability
Project Name/Number: Terrorism Forms 2008/eXS-TERR-0308

Filing at a Glance

Company: RLI Indemnity Company
Product Name: e-XS Commercial Umbrella/Excess Liability
TOI: 17.0 Other Liability - Claims Made/Occurrence
Sub-TOI: 17.0020 Commercial Umbrella & Excess
Filing Type: Form

SERFF Tr Num: RLSC-125583165 State: Arkansas
SERFF Status: Closed State Tr Num: #? \$?
Co Tr Num: EXS-TERR-0308 State Status: Fees verified and received
Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Authors: Tom Hokanson, Tom Drucker Disposition Date: 04/02/2008
Date Submitted: 03/27/2008 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New):
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Terrorism Forms 2008 Status of Filing in Domicile: Authorized
Project Number: eXS-TERR-0308 Domicile Status Comments:
Reference Organization: Not Applicable Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 04/02/2008
State Status Changed: 04/02/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Enclosed, for your review and acknowledgement, are four (4) independent terrorism forms that RLI Indemnity Company will use in writing Commercial Umbrella/Excess Liability coverage in your state. For your reference and convenience, we have included a Forms Index & Synopsis which identifies and further explains the use of the forms.

These forms have been developed and/or revised in accordance with the recent TRIA guidelines.

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We request that this filing be effective coincident with the date of your department's acknowledgment. However, in conjunction with the enactment of the federal TRIP Reauthorization Act of 2007, we are implementing these forms for use with policies issued December 26, 2007, and thereafter.

We trust this submission satisfies the expedited form filing requirements relative to the federal TRIP Reauthorization Act of 2007, and respectfully request your earliest convenient acknowledgment of this submission. However, if there are questions, or if anything additional is necessary, please do not hesitate to contact me through SERFF or as indicated below.

Company and Contact

Filing Contact Information

Tom Hokanson, Administrator tom_hokanson@rlicorp.com
 9025 N. Lindbergh Dr. (800) 331-4929 [Phone]
 Peoria, IL 61615

Filing Company Information

RLI Indemnity Company CoCode: 28860 State of Domicile: Illinois
 9025 N. Lindbergh Dr. Group Code: 783 Company Type: P&C
 Peoria, IL 61615 Group Name: State ID Number:
 (800) 331-4929 ext. [Phone] FEIN Number: 76-0227154

Filing Fees

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

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-----------------------|--------|----------------|---------------|
| RLI Indemnity Company | \$0.00 | 03/27/2008 | |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Edith Roberts | 04/02/2008 | 04/02/2008 |

SERFF Tracking Number: *RLSC-125583165* *State:* *Arkansas*
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Project Name/Number: *Terrorism Forms 2008/eXS-TERR-0308*

Disposition

Disposition Date: 04/02/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Index/Synopsis | Approved | Yes |
| Supporting Document | Expedited Terrorism Transmittal Document | Approved | Yes |
| Form | Offer Of Federal Terrorism Insurance Coverage And Disclosure Of Premium | Approved | Yes |
| Form | Supplemental Declarations | Approved | Yes |
| Form | Exclusion - Terrorism | Approved | Yes |
| Form | Limited Terrorism Exclusion (Other Than Certified Acts Of Terrorism); Cap On Losses From Certified Acts Of Terrorism | Approved | Yes |

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Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|--|-----------|--------------|--|--|-------------|---------------|
| Approved | Offer Of Federal Terrorism Insurance Coverage And Disclosure Of Premium | UW 20313 | (01/08) | Disclosure/ Replaced Notice | Replaced Form #:0.00 UW 20313 (01/03) Previous Filing #: | | uw203131r.pdf |
| Approved | Supplemental Declarations | RIL 110A | (01/08) | Declaration Replaced s/Schedule | Replaced Form #:0.00 RIL 110B (01/03) Previous Filing #: | | ril110a.pdf |
| Approved | Exclusion - Terrorism | RIL 2126 | (10/01) | Endorseme New nt/Amendm ent/Condi ons | | 0.00 | ril2126.pdf |
| Approved | Limited Terrorism Exclusion (Other Than Certified Acts Of Terrorism); Cap On Losses From Certified Acts Of Terrorism | RIL 2126A | (01/08) | Endorseme Replaced nt/Amendm ent/Condi ons | Replaced Form #:0.00 CUP 461 (12/02) Previous Filing #: | | ril2126a.pdf |



NOTICE

OFFER OF FEDERAL TERRORISM INSURANCE COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the Terrorism Risk Insurance Act, (the "Act") as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. Section 102(1) of the Act defines the term "act of terrorism" as 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. The acts of terrorism as defined in Section 102(1) of the Act shall be sometimes referred to herein as "certified acts of terrorism."

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE 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 AN 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 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.

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.

Acceptance or Rejection of Terrorism Insurance Coverage

- I hereby elect to purchase coverage for certified acts of terrorism for a prospective premium of \$_____.
- I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

Policyholder/Applicant's Signature

Print Policyholder/Applicant's Name

Policy Number

Insurance Company

Date

RLI Insurance Company

9025 North Lindbergh Drive, Peoria, IL 61615

SUPPLEMENTAL DECLARATIONS

Policy No:

Named Insured and Mailing Address

Portion of premium attributable to coverage for Certified Acts of Terrorism \$ _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – TERRORISM

This endorsement modifies insurance provided under the following:

COMMERCIAL UMBRELLA LIABILITY
EXCESS LIABILITY (FOLLOWING FORM)
EXCESS UMBRELLA LIABILITY
COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

This insurance does not apply to any loss, claim, "suit" or other proceeding which alleges "Bodily Injury," "Property Damage," "Personal Injury" or "Advertising Injury" caused directly or indirectly by or arising from "Terrorism."

"Terrorism" includes but is not limited to:

- A.** Acts or threatened acts of violence, hostility or criminal conduct by a foreign or domestic enemy, whether or not war has been declared;
- B.** The disruption or threatened disruption of financial, governmental, transportation, communication, computer or utility services which appears to be for political, religious, economic, ecological or racial ends;
- C.** The use or threatened use of force, violence or criminal conduct which appears to be for political, religious, economic, cultural, ethnic, ecological or racial ends;
- D.** The use or threatened use of force, violence or criminal conduct for the apparent purpose of or with the result of harming or intimidating a civilian population;
- E.** The use or threatened use of biological or chemical or nuclear substances for the apparent purpose of or with the result of harming or intimidating a civilian population;
- F.** Any act or threatened act of force, violence or criminal conduct by any person or persons acting on behalf of or in connection with any organization with a stated goal of overthrowing or influencing the policy of any government, whether lawful or otherwise; or
- G.** Any act or threatened act of force, violence or criminal conduct which has been labeled, identified or described as a terrorist act by the executive branch of the United States government.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**LIMITED TERRORISM EXCLUSION
(OTHER THAN CERTIFIED ACTS OF TERRORISM);
CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM**

This endorsement modifies insurance provided under the following:

COMMERCIAL UMBRELLA LIABILITY
EXCESS LIABILITY (FOLLOWING FORM)
EXCESS UMBRELLA LIABILITY
COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

A. The following exclusion is added:

TERRORISM

This insurance does not apply to any injury or damage arising, directly or indirectly, out of a **noncertified act of terrorism**.

With respect to any one or more **certified act of terrorism**, we will not pay any amounts for which we are not responsible under the terms of the Terrorism Risk Insurance Act, as amended ("Terrorism Risk Insurance Act"), due to the application of any clause which results in a cap on our liability for payments for terrorism losses.

B. The following definitions are added:

1. Certified act of terrorism means an 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 pursuant to the "Terrorism Risk Insurance Act." The "Terrorism Risk Insurance Act" sets forth the criteria for a **certified act of terrorism** including:

- a.** The act resulted in aggregate losses in excess of \$5 million; and
- b.** The act is a violent act or an act that is dangerous to human life, property or infrastructure and is 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.

2. Noncertified act of terrorism means a violent act or an act that is dangerous to human life, property or infrastructure that is committed by an individual or individuals and that appears to be part of an effort to coerce a civilian population or to influence the policy or affect the conduct of any government by coercion, and that is not certified as an act of terrorism pursuant to the federal "Terrorism Risk Insurance Act."

C. If aggregate insured losses attributable to acts of terrorism certified under the federal "Terrorism Risk Insurance Act" exceed \$100 billion in a calendar year (January 1 through December 31) and we have met our insurer deductible under the "Terrorism Risk Insurance Act," we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, 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.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Index/Synopsis **Review Status:** Approved 04/02/2008
Comments:
Attachment:
1Index-Synopsis.pdf

Satisfied -Name: Expedited Terrorism Transmittal Document **Review Status:** Approved 04/02/2008
Comments:
Attachment:
ExpdtdTrnsmttlFrm.pdf

RLI Indemnity Company
e-XS COMMERCIAL UMBRELLA PROGRAM
TERRORISM FORMS INDEX & SYNOPSIS – 03/2008 FILING
Countrywide

| FORM TITLE | FORM NUMBER | SYNOPSIS |
|--|--------------------|---|
| Offer of Federal Terrorism Insurance Coverage and Disclosure of Premium | UW20313 (01/08) | This mandatory form replaces the (01/03) edition. This form is attached to each quote letter received by an insured. It is designed to disclose the premium associated with TRIA coverage and gives an insured the opportunity to accept or reject such coverage. |
| Supplemental Declarations Page | RIL 110A (01/08) | This mandatory form replaces RIL 110B (01/03). It is used to disclose premium allocated for TRIA coverage. |
| Terrorism Exclusion | RIL 2126 (10/01) | This optional form is new and is attached when the insured rejects offer of TRIA terrorism coverage. It is designed to specifically exclude coverage for loss from certified acts of terrorism under TRIA. |
| Limited Terrorism Exclusion (Other Than Certified Acts of Terrorism); Cap On Losses From Certified Acts of Terrorism | RIL 2126a (01/08) | This optional form replaces CUP 461 (12/02), and will be attached when the insured accepts the offer of TRIA terrorism coverage. |
| | | |

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

This page applies to the following state(s) AZ,AR,CO,DE,GA,HI,IL,IA,MN,MS,MO,NE,NV,NJ,OH,OK,OR,PA,TN,TX,UT

| |
|--|
| Indicate Type of Filing |
| <input type="checkbox"/> Filing Related to <i>Certified Losses</i> |
| <input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i> |
| <input checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses |

| |
|---------------------|
| Department Use only |
| |

| | | | |
|---|-----------------------------|----------------------------|-----------------------------|
| Company Name(s) RLI INDEMNITY COMPANY | Domicile Illinois | NAIC # 783-28860 | FEIN # 76-0221754 |
|---|-----------------------------|----------------------------|-----------------------------|

Contact Info for Filer

| | | | |
|---|--------------------------|----------------|-------------------------|
| Name and address of Filer(s) | Telephone # | FAX # | e-mail |
| Tom Hokanson, Administrator - Insurance Dept. Affairs 9025 North Lindbergh Drive Peoria, Illinois 61615 | (800) 331-4929 x 5527 | (309) 692-4634 | tom_hokanson@rlcorp.com |

Filing information

| | |
|---|---|
| Line of Insurance (see attachment) | 17.0 – Other Liability |
| Company Program Title (Marketing title) (if applicable) | e-XS Commercial Umbrella |
| Filing Type ** see note below | Form |
| This application is used with: | |
| Effective Date Requested | Coincident with the date of the department's approval; however, these forms will apply to policies issued on and after December 26, 2007. |
| Filing date | March 28, 2008 |
| Company Tracking Number | EXS-TERR-0308 |
| Date filing approved in domiciliary state, if applicable | Filing authorized for use in Illinois, our state of domicile, effective December 26, 2007, as File & Use. |

| | <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 | Policyholder Notice - Offer of Terrorism Insurance Coverage and Disclosure of Premium | UW 20313 (01/08) | <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither | UW 20313 (01/03) | |
| 02 | Supplemental Declarations Page | RIL 110A (01/08) | <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither | RIL110B (01/03) | |
| 03 | Terrorism Exclusion | RIL 2126 (10/01) | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither | | |
| 04 | Limited Terrorism Exclusion (Other Than Certified Acts of Terrorism); Cap On Losses From Certified Acts | RIL 2126a (01/08) | <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither | CUP 462 (12/02) | |

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.



Signature

Tom Hokanson

Print Name

Administrator – Insurance Department Affairs

Title