

SERFF Tracking Number: WESA-125578913 State: Arkansas  
Filing Company: Tokio Marine & Nichido Fire Insurance Co., Ltd. State Tracking Number: #27726 \$50  
Company Tracking Number: 08-AR-3-GL-44-1  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations  
Product Name: Premier Hotel Risk Purchasing Group  
Project Name/Number: Premier Hotel Risk Purchasing Group/08-AR-3-GL-44-1

## Filing at a Glance

Company: Tokio Marine & Nichido Fire Insurance Co., Ltd.

Product Name: Premier Hotel Risk Purchasing SERFF Tr Num: WESA-125578913 State: Arkansas

Groupo

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #27726 \$50

Made/Occurrence

Sub-TOI: 17.0000 Other Liability Sub-TOI Co Tr Num: 08-AR-3-GL-44-1 State Status: Fees verified and received

Combinations

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

Author: Westmont Associates Disposition Date: 04/02/2008

Date Submitted: 03/26/2008 Disposition Status: Approved

Effective Date Requested (New): 12/27/2007

Effective Date (New):

Effective Date Requested (Renewal): 12/27/2007

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Premier Hotel Risk Purchasing Group

Status of Filing in Domicile: Not Filed

Project Number: 08-AR-3-GL-44-1

Domicile Status Comments:

Reference Organization: ISO

Reference Number: CL-2007-RTRL1

Reference Title: Revised terrorism rules.

Advisory Org. Circular: LI-GL-2008-008

Filing Status Changed: 04/02/2008

State Status Changed: 04/02/2008

Deemer Date:

Corresponding Filing Tracking Number: 08-AR-2-GL-45-1

Filing Description:

Adoption of ISO terrorism forms for Company's Premier Hotel RPG program.

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: WESA-125578913 State: Arkansas  
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(This filing was made by a third party - westmontassociatesinc)

Sherri Nierzwicki, Analyst sherri@westmontlaw.com  
25 Chestnut Street (856) 216-0220 [Phone]  
Haddonfield, NJ 08033 (856) 216-0303[FAX]

**Filing Company Information**

Tokio Marine & Nichido Fire Insurance Co., Ltd. CoCode: 12904 State of Domicile: New York  
230 Park Avenue Group Code: 3098 Company Type:  
New York, NY 10169 Group Name: State ID Number:  
(212) 297-6600 ext. [Phone] FEIN Number: 13-6108722  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: AR form filing fee.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Tokio Marine & Nichido Fire Insurance Co., Ltd.	\$0.00	03/26/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
50.00	\$27,726.00	03/26/2008

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## Correspondence Summary

### Dispositions

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

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## Disposition

Disposition Date: 04/02/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125578913 State: Arkansas  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes
<b>Supporting Document</b>	Letter of Authorization	Approved	Yes
<b>Supporting Document</b>	Filing Memo	Approved	Yes
<b>Supporting Document</b>	Expedited Transmittal	Approved	Yes

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## Supporting Document Schedules

<b>Satisfied -Name:</b> Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b> Approved	04/02/2008
<b>Comments:</b>		
<b>Attachment:</b> AR NAIC - F.pdf		
<b>Satisfied -Name:</b> Cover Letter	<b>Review Status:</b> Approved	04/02/2008
<b>Comments:</b>		
<b>Attachment:</b> AR - F.pdf		
<b>Satisfied -Name:</b> Letter of Authorization	<b>Review Status:</b> Approved	04/02/2008
<b>Comments:</b>		
<b>Attachment:</b> TMNF (1-1-08).pdf		
<b>Satisfied -Name:</b> Filing Memo	<b>Review Status:</b> Approved	04/02/2008
<b>Comments:</b>		
<b>Attachment:</b> Filing Memo.pdf		
<b>Satisfied -Name:</b> Expedited Transmittal	<b>Review Status:</b> Approved	04/02/2008
<b>Comments:</b>		
<b>Attachment:</b> Completed Expedited Transmittal.pdf		

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> 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: 60%; 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</b>	
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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

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
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 type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input 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 #

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

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:

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.)

PC TD-1 pg 2 of 2

## 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>	
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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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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> New <input 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

## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input 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	



WESTMONT  
ASSOCIATES, INC.

March 26, 2008

The Honorable Julie Benafield-Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West 3rd Street  
Little Rock, AR 72201-1904

Attn: Property and Casualty Division

**RE: Tokio Marine & Nichido Fire Insurance Co., Ltd. (U.S. Branch)**  
**NAIC #: 3098-12904/FEIN #13-6108722**  
**Premier Hotel Risk Purchasing Group Program**  
**General Liability**  
**Adoption of ISO Terrorism Forms**  
**Company Filing Number: 08-AR-3-GL-44-1**  
**Effective Date: December 27, 2007**

Dear Commissioner Benafield-Bowman:

Enclosed, please find the captioned Company's Premier Hotel Risk Purchasing Group forms adoption filing. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

Please be advised that the Company would like to adopt the Insurance Service Office's (ISO's) revised terrorism forms in response to the Terrorism Risk Insurance Extension Act of 2007 approved under filing numbers CL-2007-OTRL1.

The rules portion of this submission has been made under separate cover letter as company filing number 08-AR-2-GL-45-1.

We hereby propose that this filing become effective on December 27, 2007. **If at all possible, please stamp this submission with the effective date requested.**

Your early approval of this submission is respectfully requested. Enclosed please find a self-addressed stamped envelope for your convenience in returning the duplicate copy of this filing, evidencing your approval.

Respectfully Submitted,

***Sherri Penn***

Sherri Penn  
Senior Analyst  
[sherri@westmontlaw.com](mailto:sherri@westmontlaw.com)

Enc.

Cc: P. Olson – Tokio  
M. Nadler – Tokio  
J. Coleman - Tokio



Tokio Marine Management, Inc.  
U.S. Manager and/or Manager for  
Tokio Marine & Nichido Fire  
Insurance Co., Ltd. (U.S. Branch)  
Trans Pacific Insurance Company  
TM Casualty Insurance Company  
TNUS Insurance Company

230 Park Avenue  
New York, New York 10169  
Phone: (212) 297-6600  
Main Fax: (212) 297-6062  
Claims Fax: (212) 297-6064

MILLEA GROUP

January 1, 2008

Re: Tokio Marine & Nichido Fire Insurance Co., Ltd. (U.S. Branch)  
NAIC # 3098-12904  
FEIN # 13-6108722  
Letter of Authorization  
Filing of Forms, Rates, and Rules

In accordance with applicable statutes and regulations of your state, Nancy Stepanski, Wesley Pohler, Jennifer Waldron, and Westmont Associates, Inc. are hereby authorized to file rates, rules, and forms on behalf of the Company.

Sincerely,

Pamela J. Olson  
Vice President – Corporate Underwriting

**PREMIER HOTEL RISK PURCHASING GROUP**  
**Terrorism Risk Insurance Program Reauthorization Act of 2007**  
**(Rates, Rules, Forms)**  
**Explanatory Memorandum**

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This filing is being submitted on behalf of the Premier Hotel Risk Purchasing Group. We wish to adopt the Rules and Forms as indicated in this Circular for the certain terrorism endorsements and related rules in response to the Terrorism Risk Insurance Program Reauthorization Act of 2007.

Please note that the Rates currently in place for Terrorism Risk Insurance have not changed.

Adopted

Ed. 12/19/07

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

This page applies to the following state(s)

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)	Domicile	NAIC #	FEIN #
Tokio Marine & Nichido Fire Insurance Company	NY	12904	13-6108722

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Wesley Pohler 25 Chestnut St., Suite 105 Haddonfield, NJ 08033	856-216-0220	856-216-0303	wes@westmontlaw.com

Filing information

Line of Insurance (see attachment)	17.0 - Other Liability
Company Program Title (Marketing title) (if applicable)	Premier Hotel Risk Purchasing Group
Filing Type ** see note below	Forms and Rules
This application is used with:	Premier Hotel Risk Purchasing Group Program
Effective Date Requested	See attached
Filing date	3/26/08
Company Tracking Number	See attached
Date filing approved in domiciliary state, if applicable	n/a - recently filed

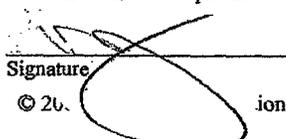
	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	See attached Forms List		<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input 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 

Print Name: Pam Olsow

Title: V.P. Corporate U/w