

SERFF Tracking Number: XLAM-125572391 State: Arkansas
Filing Company: XL Specialty Insurance Company State Tracking Number: EFT \$200
Company Tracking Number: 08SD-XA-AC01-MU-F
TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
Product Name: Aviation
Project Name/Number: Terrorism Endorsements, Disclosures and Rule Filing/08SD-XA-AC01-MU-AR-F

Filing at a Glance

Company: XL Specialty Insurance Company

Product Name: Aviation

TOI: 22.0 Aircraft

Sub-TOI: 22.0000 Aircraft

Filing Type: Form

Effective Date Requested (New): 12/26/2007

Effective Date Requested (Renewal): 12/26/2007

SERFF Tr Num: XLAM-125572391 State: Arkansas

SERFF Status: Closed State Tr Num: EFT \$200

Co Tr Num: 08SD-XA-AC01-MU-F State Status: Fees verified and received

Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Author: Arshay Brown Disposition Date: 04/01/2008

Date Submitted: 03/24/2008 Disposition Status: Approved

Effective Date (New): 12/26/2007

Effective Date (Renewal): 12/26/2007

State Filing Description:

General Information

Project Name: Terrorism Endorsements, Disclosures and Rule Filing

Project Number: 08SD-XA-AC01-MU-AR-F

Reference Organization:

Reference Title:

Filing Status Changed: 04/01/2008

State Status Changed: 04/01/2008

Corresponding Filing Tracking Number:

Filing Description:

Aviation Terrorism Filing

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

Arshay Brown, State Filings Analyst

Arshay.Brown@xlgroup.com

SERFF Tracking Number: XLAM-125572391 State: Arkansas
Filing Company: XL Specialty Insurance Company State Tracking Number: EFT \$200
Company Tracking Number: 08SD-XA-AC01-MU-F
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Product Name: Aviation
Project Name/Number: Terrorism Endorsements, Disclosures and Rule Filing/08SD-XA-AC01-MU-AR-F

1201 North Market Street (302) 661-7048 [Phone]
Wilmington, DE 19801 (302) 778-4190[FAX]

Filing Company Information

XL Specialty Insurance Company CoCode: 37885 State of Domicile: Delaware
1201 N. Market Street Group Code: 1285 Company Type:
Suite 501
Wilmington, DE 19801 Group Name: State ID Number:
(800) 394-3909 ext. [Phone] FEIN Number: 85-0277191

SERFF Tracking Number: XLAM-125572391 State: Arkansas
Filing Company: XL Specialty Insurance Company State Tracking Number: EFT \$200
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TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
Product Name: Aviation
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Filing Fees

Fee Required? Yes
Fee Amount: \$200.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
XL Specialty Insurance Company	\$200.00	03/24/2008	18889507

SERFF Tracking Number: XLAM-125572391 State: Arkansas
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Correspondence Summary

Dispositions

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

SERFF Tracking Number: *XLAM-125572391* *State:* *Arkansas*
Filing Company: *XL Specialty Insurance Company* *State Tracking Number:* *EFT \$200*
Company Tracking Number: *08SD-XA-AC01-MU-F*
TOI: *22.0 Aircraft* *Sub-TOI:* *22.0000 Aircraft*
Product Name: *Aviation*
Project Name/Number: *Terrorism Endorsments, Disclosures and Rule Filing/08SD-XA-AC01-MU-AR-F*

Disposition

Disposition Date: 04/01/2008

Effective Date (New): 12/26/2007

Effective Date (Renewal): 12/26/2007

Status: Approved

Comment: Overpayment on filing fee - refund of \$150 will be coming shortly.

Form filing fee for the state of Arkansas is only \$50 per filing. It doesn't matter how many forms you have.

Rate data does NOT apply to filing.

SERFF Tracking Number: XLAM-125572391 State: Arkansas
 Filing Company: XL Specialty Insurance Company State Tracking Number: EFT \$200
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 TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
 Product Name: Aviation
 Project Name/Number: Terrorism Endorsements, Disclosures and Rule Filing/08SD-XA-AC01-MU-AR-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Expedited Filing Transmittal	Approved	Yes
Supporting Document	Forms List	Approved	Yes
Form	Terrorism Risk Insurance Act of 2002, As Amended Subject to Cap Endorsement	Approved	Yes
Form	Certified Act of Terrorism Exclusion	Approved	Yes
Form	Policyholder Disclosure Notice of Terrorism Insurance Coverage	Approved	Yes
Form	Policyholder Disclosure Notice of Terrorism Insurance Coverage	Approved	Yes

SERFF Tracking Number: XLAM-125572391 State: Arkansas
 Filing Company: XL Specialty Insurance Company State Tracking Number: EFT \$200
 Company Tracking Number: 08SD-XA-AC01-MU-F
 TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
 Product Name: Aviation
 Project Name/Number: Terrorism Endorsements, Disclosures and Rule Filing/08SD-XA-AC01-MU-AR-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Terrorism Risk Insurance Act of 2002, As Amended Subject to Cap Endorsement	AAA 900	12 07	Endorsement	New		0.00	AAA 900 12 07.pdf
Approved	Certified Act of Terrorism Exclusion	AAA 901	12 07	Endorsement	New		0.00	AAA 901 12 07.pdf
Approved	Policyholder Disclosure Notice of Terrorism Insurance Coverage	PN338	12 07	Other	New		0.00	PN338 12 07 TR 20080320.pdf
Approved	Policyholder Disclosure Notice of Terrorism Insurance Coverage	PN339	12 07	Other	New		0.00	PN339 12 07 TR.pdf

Company:	Endorsement #:
Policy Number:	Effective Date:
Aviation Managers: <u>W. Scott Brown</u>	Date Issued:
Countersigned: _____	Countersigned Date:

This endorsement is part of your policy and takes effect on the effective date of your policy unless another effective date is shown above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**TERRORISM RISK INSURANCE ACT OF 2002,
AS AMENDED SUBJECT TO CAP ENDORSEMENT**

In consideration of an additional premium of \$_____, and subject to all the terms and conditions of this policy, coverage is afforded for the following:

A. CERTIFIED ACT OF TERRORISM

1. The following definition is added.

“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:

- a. to be an act that resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act of 2002, as amended;
- b. to be an act of terrorism;
- c. to be a violent act or an act that is dangerous to human life, property, or infrastructure;
- d. to have resulted in damage:
 - 1) within the United States; or
 - 2) to an air carrier (as defined in section 40102 of title 49, United States Code); to a United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), regardless of where the loss occurs; or at the premises of any United States mission; and
- e. 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.

B. If aggregate insured losses attributable to terrorist acts certified under the federal Terrorism Insurance Act of 2002, as amended, exceed \$100 billion in a Program Year and the Company has met its insurer deductible under the Terrorism Risk Insurance Act of 2002, as amended, the Company 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 Treasury.

All other terms and conditions of the policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

End of Endorsement – AAA 900 12 07

Company:

Endorsement #:

Policy Number:

Effective Date:

Aviation Managers: W. Scott Brown

Date Issued:

Countersigned: _____

Countersigned Date:

This endorsement is part of your policy and takes effect on the effective date of your policy unless another effective date is shown above.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CERTIFIED ACT OF TERRORISM EXCLUSION

1. The following exclusion is added:

This insurance does not apply to

Certified acts of terrorism pursuant to the Terrorism Risk Insurance Act of 2002, as amended. The Company will not pay for any injury or damage caused directly or indirectly by a "certified act of terrorism". Such injury or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the injury or damage.

2. The following definition is added:

"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:

- a. to be an act that resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act of 2002, as amended;
- b. to be an act of terrorism;
- c. to be a violent act or an act that is dangerous to human life, property, or infrastructure;
- d. to have resulted in damage:
 - 1) within the United States; or
 - 2) to an air carrier (as defined in section 40102 of title 49, United States Code); to a United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), regardless of where the loss occurs; or at the premises of any United States mission; and
- e. 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.

All other terms and conditions of the policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

End of Endorsement – AAA 901 12 07

**POLICYHOLDER DISCLOSURE NOTICE
OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), you have a right to purchase insurance coverage for losses resulting from Certified Acts of Terrorism, as defined in Section 102(1) of TRIA. The term "Certified Act of Terrorism" now 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 an air carrier or vessel 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.

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. UNDER THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE WILL BE CHARGED AT RATES AS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT TRIA 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.

Aircraft Policies

Terrorism Liability: ADDITIONAL 5% OF THE LIABILITY PREMIUM

Terrorism Hull: ADDITIONAL 0.075% RATE ON THE INSURED VALUE OF EACH AIRCRAFT VALUED UNDER \$1,000,000; ADDITIONAL 0.05% RATE ON THE INSURED VALUE OF EACH AIRCRAFT VALUED AT \$1,000,000 OR MORE.

FBO, Products Liability & Other Ground Based Liability Policies

Terrorism Liability: ADDITIONAL 5% OF THE LIABILITY PREMIUM
ADDITIONAL 5% OF THE PRODUCTS LIABILITY PREMIUM

Airport Liability and Control Tower Policies

Terrorism Liability: AN ADDITIONAL MINIMUM 45% OF THE LIABILITY PREMIUM (Specific quotes available upon request)

Non Owned Aircraft Liability Policies

Terrorism Liability: AN ADDITIONAL 10% OF THE LIABILITY PREMIUM

Please note that TRIA coverage, if purchased, will be subject to all of the terms and conditions of the policy except as might otherwise be required by any applicable law. We reserve the right to adjust the rates listed above where unique individual characteristics so warrant.

Carefully read your policy, including the endorsements attached to your policy. **You should contact your insurance agent or broker to discuss your options in light of the availability of terrorism coverage or in the event that you have questions about TRIA.**

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), the definition of terrorism has changed. As defined in Section 102(1) of TRIA, The term "certified 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 an air carrier or vessel 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 TRIA. 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. TRIA 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 exceeds \$100 billion in any one Program Year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

SERFF Tracking Number: *XLAM-125572391* *State:* *Arkansas*
Filing Company: *XL Specialty Insurance Company* *State Tracking Number:* *EFT \$200*
Company Tracking Number: *08SD-XA-AC01-MU-F*
TOI: *22.0 Aircraft* *Sub-TOI:* *22.0000 Aircraft*
Product Name: *Aviation*
Project Name/Number: *Terrorism Endorsements, Disclosures and Rule Filing/08SD-XA-AC01-MU-AR-F*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: XLAM-125572391 State: Arkansas
Filing Company: XL Specialty Insurance Company State Tracking Number: EFT \$200
Company Tracking Number: 08SD-XA-AC01-MU-F
TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
Product Name: Aviation
Project Name/Number: Terrorism Endorsements, Disclosures and Rule Filing/08SD-XA-AC01-MU-AR-F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 04/01/2008

Comments:

Attachment:

NAIC Transmittal.pdf

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

Comments:

Attachment:

Expedited Transmittal Form.pdf

Satisfied -Name: Forms List **Review Status:** Approved 04/01/2008

Comments:

Attachment:

Forms List.pdf

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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3. Group Name	Group NAIC #

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

5. Company Tracking Number	
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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 type="text"/> Renewal: <input 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 #	
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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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.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<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.)

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

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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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)

4b.	Rate Change by Company (As Accepted) For State Use Only						
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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

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

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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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	

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

This page applies to the following state(s) Arkansas

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 #
XL Specialty Insurance Company	Delaware	22322	95-1479095

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Arshay Brown 1201 N. Market Street Suite 501 Wilmington, DE 19801	302-661-7048	302-778-4190	Arshay.Brown@xlgrou p.com

Filing information

Line of Insurance (see attachment)	Aviation
Company Program Title (Marketing title) (if applicable)	Terrorism Endorsement and Disclosures Filing
Filing Type ** see note below	Form
This application is used with:	N/A
Effective Date Requested	12-26-07 OR Upon Acknowledgement
Filing date	3/24/08
Company Tracking Number	08SD-XA-AC01-MU-AR-F
Date filing approved in domiciliary state, if applicable	Approval 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	Terrorism Risk Insurance Act of 2002, As Amended Subject to Cap Endorsement	AAA 900 12 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Certified Act of Terrorism Exclusion	AAA 901 12 07	<input 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.

Signature

Arshay Brown
Print Name:

State Filings Analyst
Title:

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

This page applies to the following state(s) Arkansas

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 #
XL Specialty Insurance Company	Delaware	22322	95-1479095

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Arshay Brown 1201 N. Market Street Suite 501 Wilmington, DE 19801	302-661-7048	302-778-4190	Arshay.Brown@xlgrou p.com

Filing information

Line of Insurance (see attachment)	Aviation
Company Program Title (Marketing title) (if applicable)	Terrorism Endorsement and Disclosures Filing
Filing Type ** see note below	Form
This application is used with:	N/A
Effective Date Requested	12-26-07 OR Upon Acknowledgement
Filing date	3/24/08
Company Tracking Number	08SD-XA-AC01-MU-AR-F
Date filing approved in domiciliary state, if applicable	Approval 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	Policyholder Disclosure Notice of Terrorism Insurance Coverage	PN338 12 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Policyholder Disclosure Notice of Terrorism Insurance Coverage	PN339 12 07	<input 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.

Signature

Arshay Brown
Print Name:

State Filings Analyst
Title:

FORMS LIST

FORM NUMBER	ENDORSEMENT TITLE	Usage	New/Revised/ Withdrawn
PN338 1207 TR	Policyholder Disclosure Notice of Terrorism Insurance Coverage (At time of quote)	Optional	New
PN339 1207 TR	Policyholder Disclosure Notice of Terrorism Insurance Coverage (At time of purchase/renewal)	Optional	New
AAA 900 1207	Terrorism Risk Insurance Act of 2002, As Amended Subject To Cap Endorsement	Optional	New
AAA 901 1207	Certified Act Of Terrorism Exclusion	Optional	New