

SERFF Tracking Number: PERR-125636300 State: Arkansas  
Filing Company: Stonington Insurance Company State Tracking Number: #102703 \$50  
Company Tracking Number: SIC-IL-AR-08-01-F  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Terrorism Disclosure Notice  
Project Name/Number: SIC-IL-AR-08-01-F/SIC-IL-AR-08-01-F

## Filing at a Glance

Company: Stonington Insurance Company

Product Name: Terrorism Disclosure Notice

TOI: 35.0 Interline Filings

Sub-TOI: 35.0002 Commercial Interline Filings

Filing Type: Form

Effective Date Requested (New): 06/08/2008

Effective Date Requested (Renewal):

State Filing Description:

SERFF Tr Num: PERR-125636300

SERFF Status: Closed

Co Tr Num: SIC-IL-AR-08-01-F

Co Status:

Authors: Faviola Jimenez, Lois Pimentel

Date Submitted: 05/08/2008

State: Arkansas

State Tr Num: #102703 \$50

State Status: Fees verified and received

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

Disposition Date: 05/14/2008

Disposition Status: Approved

Effective Date (New): 06/08/2008

Effective Date (Renewal):

## General Information

Project Name: SIC-IL-AR-08-01-F

Project Number: SIC-IL-AR-08-01-F

Reference Organization:

Reference Title:

Filing Status Changed: 05/14/2008

State Status Changed: 05/14/2008

Corresponding Filing Tracking Number:

Filing Description:

On behalf of Stonington Insurance Company (the "Company"), we are filing the enclosed Terrorism Disclosure Notice for informational purposes to ensure compliance with the TRIPRA "cap" requirements in your jurisdiction.

The enclosed notice is to be used when the insured rejects coverage. The Company will continue to use the ISO IL 0985 01 08 which is applicable when the insured purchases terrorism.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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We respectfully request this filing to be effective on June 8, 2008.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the form contained in this filing. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

Please let us know if you have any questions or concerns.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Lois Pimentel, State Filings Project Coordinator doi@perrknight.com

Perr&Knight (888) 201-5123 [Phone]

Pacific Palisades, CA 90272 (310) 230-8529[FAX]

### Filing Company Information

Stonington Insurance Company

5080 Spectrum Dr. Suite 900 East

Addison, TX 75001

(888) 201-5123 ext. 109[Phone]

CoCode: 10340

Group Code: 1331

Group Name: Glencoe US Holdings, Inc

FEIN Number: 57-0338686

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State of Domicile: Texas

Company Type: Insurance

State ID Number:

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: AR filing fee is \$50 per form submission  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonington Insurance Company	\$0.00	05/08/2008	

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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
102703	\$50.00	05/06/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/14/2008	05/14/2008

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## **Disposition**

Disposition Date: 05/14/2008

Effective Date (New): 06/08/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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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>	Authorization Letter	Approved	Yes
<b>Form</b>	Disclosure Notice of Terrorism Insurance Coverge	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Disclosure Notice of Terrorism Insurance Coverge	SIC TRIPRA Reject	01 08	Disclosure/ New Notice		0.00	SIC TRIPRA REJECT 0108 - TRIPRA Rejection form _new quotes_.pdf

**STONINGTON INSURANCE COMPANY  
DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the United States Terrorism Risk Act of 2002 (Public Law 107-97), as modified and extended by the Terrorism Risk Insurance Extension Act of 2005 and the Terrorism Risk Insurance Program Reauthorization Act of 2007, you now have a right to purchase insurance coverage for losses arising out of an act of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the United States Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States: to be a violent act or an act that is dangerous to human life; property; or infrastructure; to have resulted in damages 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.

**IF YOU ARE ISSUED THE NEW OR RENEWAL POLICY FOR WHICH THIS QUOTE IS BEING PROVIDED, STONINGTON INSURANCE COMPANY WILL PROVIDE COVERAGE FOR AN ACT OF TERRORISM AS DEFINED IN THE ACT UNLESS YOU ADVISE US IN WRITING THAT YOU DO NOT WANT COVERAGE AGAINST AN ACT OF TERRORISM BY SIGNING AND RETURNING THIS NOTICE TO STONINGTON INSURANCE COMPANY BEFORE THE EFFECTIVE DATE OF THE POLICY.**

You should know that coverage provided by a policy for losses caused by a certified act of terrorism is partially reimbursed by the United States under a formula established by United States federal law. Under the formula, the United States federal government pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. **YOU SHOULD ALSO KNOW THAT THE ACT CONTAINS A \$100 BILLION CAP THAT LIMITS THE UNITED STATES' AND STONINGTON'S LIABILITY FOR LOSSES RESULTING FROM A CERTIFIED "ACT OF TERRORISM" IN ANY GIVEN CALENDAR YEAR. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.** The premium charged by Stonington Insurance Company for coverage against an act of terrorism does not include any charges for the portion of loss covered by the United States federal government under the Act.

PREMIUM FOR COVERAGE AGAINST AN ACT OF TERRORISM: \$\_\_\_\_\_.

**Please note:** If you elect to reject this offer of terrorism coverage by signing below, your rejection will not be recognized to the limited extent that the law of your state makes it mandatory that the company provide coverage against terrorism. If the law of your state, separate from the Act, requires that your policy provide coverage against terrorism, your policy will provide such coverage in accordance with and as limited by the law of your state. The portion of the premium shown above attributable to any such required state mandated terrorism coverage is \$\_\_\_\_\_. The amount is part of the overall premium charges for your insurance policy and as a result of the mandatory coverage, will be charged to you as premium notwithstanding any request by you to reject coverage under the Act.

**I hereby reject the option to include coverage for an act of terrorism in the policy. I understand that the policy will not provide coverage for losses arising from an act of terrorism.**

\_\_\_\_\_  
Policyholder/Applicant's Signature

Stonington Insurance Company

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number/Quote Number

\_\_\_\_\_  
Name of Policyholder/Applicant

\_\_\_\_\_  
Date

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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 05/14/2008

**Comments:**

**Attachment:**

2007 NAIC FFS.pdf

**Satisfied -Name:** Authorization Letter **Review Status:** Approved 05/14/2008

**Comments:**

**Attachment:**

Authorization Letter 20080101 P&K.pdf

## 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>	<b>SIC-IL-AR-08-01-F</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>N/A</b>			
<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	Disclosure Notice of Terrorism Insurance Coverage	SIC TRIPRA Reject 0108	<input checked="" 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		

Walter J. Kozuch  
Vice President – Technical Services  
Stonington Insurance Company  
Stonington Lloyds Insurance

January 1, 2008

Stonington Insurance Company  
NAIC Company Code 10340

To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rate, rule, form filings on behalf of Stonington Insurance Company. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed in be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight, Inc. at the following address:

Perr&Knight, Inc.  
881 Alma Real Drive, Suite 205  
Pacific Palisades, CA 90272  
Tel: (310) 230-9339  
Fax: (310) 230-1061

Please contact me at (972) 664-7105 if you have any questions regarding this authorization.

Sincerely,



Walter J. Kozuch  
Vice President – Technical Services

Stonington Insurance Company  
Stonington Lloyds Insurance  
5080 Spectrum Drive, Suite 900 East · Addison, Texas 75001  
Tel: 972-664-7105 · Fax: 972-994-9746 · [wkozuch@stoningtonins.com](mailto:wkozuch@stoningtonins.com)