

SERFF Tracking Number: GDEA-125703332 State: Arkansas
 First Filing Company: GuideOne Elite Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: CMPTERAR2008DSC
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0003 Commercial Package
 Liability
 Product Name: Commercial Multi-Peril
 Project Name/Number: 2008 Terrorism Disclosure Notice Filing/

Filing at a Glance

Companies: GuideOne Elite Insurance Company, GuideOne Mutual Insurance Company, GuideOne Specialty Mutual Insurance Company

Product Name: Commercial Multi-Peril	SERFF Tr Num: GDEA-125703332	State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 05.0003 Commercial Package	Co Tr Num: CMPTERAR2008DSC	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Takako Otis	Disposition Date: 06/23/2008
	Date Submitted: 06/19/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 06/23/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 06/23/2008

State Filing Description:

General Information

Project Name: 2008 Terrorism Disclosure Notice Filing	Status of Filing in Domicile: Authorized
Project Number:	Domicile Status Comments:
Reference Organization: NA	Reference Number: NA
Reference Title: NA	Advisory Org. Circular: NA
Filing Status Changed: 06/23/2008	
State Status Changed: 06/23/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
TERRORISM RISK INSURANCE PROGRAM – REAUTHORIZATION ACT OF 2007	

Due to the extension and changes with the Terrorism Risk Insurance Act, GuideOne is filing the following Policyholder Disclosure Notices for Terrorism Insurance Coverage for informational purposes only to conform with the changes made

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to the act:

GN 70029 01 08 Policyholder Disclosure Notice of Terrorism Insurance Coverage
 GN 70026 01 08 Policyholder Disclosure Notice of Terrorism Insurance Coverage

With respect to Terrorism Forms and Rules, we have adopted applicable ISO forms and rules, while maintaining our currently filed and approved rating exceptions. Since we are not changing any rate levels at this time, we do not anticipate any rate level impact as a result of TRIPRA.

Company and Contact

Filing Contact Information

Takako Otis, Research & Compliance totis@guideone.com
 Coordinator
 1111 Ashworth Road (877) 448-4331 [Phone]
 West Des Moines, IA 50265 (515) 267-5633[FAX]

Filing Company Information

GuideOne Elite Insurance Company CoCode: 42803 State of Domicile: Iowa
 1111 Ashworth Road Group Code: 303 Company Type:
 West Des Moines, IA 50265 Group Name: GuideOne Insurance State ID Number:
 (515) 267-5126 ext. [Phone] FEIN Number: 42-1206846

GuideOne Mutual Insurance Company CoCode: 15032 State of Domicile: Iowa
 1111 Ashworth Road Group Code: 303 Company Type:
 West Des Moines, IA 50265 Group Name: GuideOne Insurance State ID Number:
 (515) 267-5126 ext. [Phone] FEIN Number: 42-0645088

GuideOne Specialty Mutual Insurance CoCode: 14559 State of Domicile: Iowa
 Company
 1111 Ashworth Road Group Code: 303 Company Type:
 West Des Moines, IA 50265 Group Name: GuideOne Insurance State ID Number:
 (515) 267-5126 ext. [Phone] FEIN Number: 42-0660911

SERFF Tracking Number: GDEA-125703332 State: Arkansas
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Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
GuideOne Elite Insurance Company	\$50.00	06/19/2008	20997656
GuideOne Mutual Insurance Company	\$0.00	06/19/2008	
GuideOne Specialty Mutual Insurance Company	\$0.00	06/19/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/23/2008	06/23/2008

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Disposition

Disposition Date: 06/23/2008
Effective Date (New): 06/23/2008
Effective Date (Renewal): 06/23/2008
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	Cover Letter	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: GDEA-125703332 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Policyholder Disclosure Notice of Terrorism Insurance Coverage	GN 70029	01 08	Other	New		0.00	GN 70029 01-08.pdf
Approved	Policyholder Disclosure Notice of Terrorism Insurance Coverage	GN 70026	01 08	Other	New		0.00	GN-70026 01-08.pdf

Date: !!!!!!!
Policyholder: !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
Corporate ID: !!!!!!!
Policy Number: !!!!!!!

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, 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 existing coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States 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 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 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 exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced in accordance with procedures established by the Secretary of Treasury.

The portion of your annual premium that is attributable to coverage for acts of terrorism is @.@.@.@.@.@.@.

You may reject the offer by checking the appropriate box and signing the statement below and returning it to us, and your policy will be endorsed to exclude the described coverage.

- I accept the offer for terrorism coverage as explained in this Notice.
- I reject the offer of terrorism for certified acts of terrorism as explained in this Notice. I understand that I am also rejecting certified terrorism coverage for any applicable Umbrella and/or Business Auto policy(s).

Applicant's Signature

Date

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 06/23/2008

Comments:
Attachment:
P&C Trans.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 06/23/2008

Comments:
Attachment:
AR DSC Terr Letter.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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
GuideOne Insurance	303

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
GuideOne Mutual Insurance Co	IA	15032	42-0645088	14
GuideOne Specialty Mutual Ins. Co	IA	14559	42-0660911	14
GuideOne Elite Ins. Co.	IA	42803	42-1206846	14

5. Company Tracking Number	CMPPTERAR2008DSC
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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
	Takako Otis 1111 Ashworth Road West Des Moines, IA 50265	R&C Coordinator	877-448-4331, Ext. 5261	515-267-5633	totis@guideone.com

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

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

9.	Type of Insurance (TOI)	5.0 CMP
10.	Sub-Type of Insurance (Sub-TOI)	5.0003 Commercial Package
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 checked="" type="checkbox"/> Other (give description) PH Notice
14.	Effective Date(s) Requested	New: Upon Approval Renewal Upon Approval
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	6/19/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CMPTERAR2008DSC
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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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TERRORISM RISK INSURANCE PROGRAM – REAUTHORIZATION ACT OF 2007

Due to the extension and changes with the Terrorism Risk Insurance Act, GuideOne is filing the following Policyholder Disclosure Notices for Terrorism Insurance Coverage for informational purposes only to conform with the changes made to the act:

GN 70029 01 08	Policyholder Disclosure Notice of Terrorism Insurance Coverage
GN 70026 01 08	Policyholder Disclosure Notice of Terrorism Insurance Coverage

With respect to Terrorism Forms and Rules, we have adopted applicable ISO forms and rules, while maintaining our currently filed and approved rating exceptions. Since we are not changing any rate levels at this time, we do not anticipate any rate level impact as a result of TRIPRA.

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]
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Check #:

Amount:

\$50 will be paid through EFT.

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.)**

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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 # **CMPTERAR2008DSC**

2. This filing corresponds to rate/rule filing number
 (Company tracking number of rate/rule filing, if applicable)

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	PH Disclosure Notice for Terr. Ins. Cov.	GN 70029 0108	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	PH Disclosure Notice for Terr. Ins. Cov.	GN 70026 0108	<input checked="" 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		



1111 Ashworth Road
West Des Moines, IA 50265-3538
515-267-5000 Phone
www.guideone.com

June 19, 2008

Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: **TERRORISM RISK INSURANCE PROGRAM – REAUTHORIZATION ACT OF 2007**
COMMERCIAL MULTI-PERIL
Company Filing Number: CMPTERAR2008DSC
GuideOne Mutual Insurance Company, NAIC # 303-15032
GuideOne Specialty Mutual Insurance Company, NAIC # 303-14559
GuideOne Elite Insurance Company, NAIC # 303-42803

Dear Commissioner:

Due to the extension and changes with the Terrorism Risk Insurance Act, GuideOne is filing the following Policyholder Disclosure Notices for Terrorism Insurance Coverage for informational purposes only to conform with the changes made to the act:

GN 70029 01 08	Policyholder Disclosure Notice of Terrorism Insurance Coverage
GN 70026 01 08	Policyholder Disclosure Notice of Terrorism Insurance Coverage

With respect to Terrorism Forms and Rules, we have adopted applicable ISO forms and rules, while maintaining our currently filed and approved rating exceptions. Since we are not changing any rate levels at this time, we do not anticipate any rate level impact as a result of TRIPRA.

If you have any questions or need additional information, please feel free to contact me at the number listed below.

Sincerely,

Takako Otis
Research & Compliance Coordinator
Telephone: (877) 448-4331, Ext. 5261
Fax: (515) 267-5633
Email: totis@guideone.com

Enclosures: Policyholder Disclosure Notices