

<i>SERFF Tracking Number:</i>	<i>PENN-125683897</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Penn-America Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PA-2008-GL-F-TER-088</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Terrorism Risk Insurance Extension Act of 2007</i>		
<i>Project Name/Number:</i>	<i>/PA-2008-CF-F-TER-088</i>		

Filing at a Glance

Company: Penn-America Insurance Company

Product Name: Terrorism Risk Insurance Extension Act of 2007
 SERFF Tr Num: PENN-125683897 State: Arkansas

TOI: 17.2 Other Liability - Occurrence Only	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations	Co Tr Num: PA-2008-GL-F-TER-088	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts

Author: Lorna Geiger	Disposition Date: 06/12/2008
Date Submitted: 06/10/2008	Disposition Status: Approved

Effective Date Requested (New): 07/15/2008	Effective Date (New):
Effective Date Requested (Renewal): 07/15/2008	Effective Date (Renewal):

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number: PA-2008-CF-F-TER-088	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 06/12/2008	
State Status Changed: 06/12/2008	Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Penn-America Insurance Company is submitting our revised disclosure notice, form number S1010 (01/08) entitled "Notice-Offer of Terrorism Coverage and Disclosure of Premium." This notice has been revised to comply with the Terrorism Risk Insurance Extension Act of 2007.

If you do not require that this form be filed and approved, please accept it as an informational filing and acknowledge receipt.

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 Project Name/Number: /PA-2008-CF-F-TER-088

Company and Contact

Filing Contact Information

Lorna Geiger, State Filing Analyst lgeiger@unitednat.com
 Three Bala Plaza East (610) 660-6876 [Phone]
 Bala Cynwyd, PA 19004 (610) 668-3399[FAX]

Filing Company Information

Penn-America Insurance Company CoCode: 32859 State of Domicile: Pennsylvania
 Three Bala Plaza East Group Code: 1218 Company Type:
 Suite 300
 Bala Cynwyd, PA 19004 Group Name: State ID Number:
 (610) 660-6825 ext. [Phone] FEIN Number: 23-1997049

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Penn-America Insurance Company	\$50.00	06/10/2008	20756777

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	06/12/2008	06/12/2008

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Disposition

Disposition Date: 06/12/2008

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	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	NOTICE-OFFER OF TERRORISM COVERAGE AND DISCLOSURE OF PREMIUM	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	NOTICE-OFFER OF TERRORISM COVERAGE AND DISCLOSURE OF PREMIUM	S1010	(01/08)	Disclosure/ Replaced Notice	Replaced Form #:0.00 S1010 (04/06) Previous Filing #: AR-PC-06-021552		Form S1010 (01 08).pdf



NOTICE-OFFER OF TERRORISM COVERAGE AND DISCLOSURE OF PREMIUM

You are hereby notified that under the federal Terrorism Risk Insurance Act, as amended (“the Act”), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, *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 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. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE. 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 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.

COVERAGE FOR “INSURED LOSSES” AS DEFINED IN THE ACT IS SUBJECT TO THE COVERAGE TERMS, CONDITIONS, AMOUNTS AND LIMITS IN THIS POLICY APPLICABLE TO LOSSES ARISING FROM EVENTS OTHER THAN ACTS OF TERRORISM.

YOU SHOULD KNOW THAT UNDER FEDERAL LAW, YOU ARE NOT REQUIRED TO PURCHASE COVERAGE FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM.

The Act provides that a separate premium is to be charged for insurance for an “act of terrorism” covered by the Act.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

If you choose not to purchase coverage for certified acts of terrorism, you should indicate so in the section below by signing and dating in the space provided.

If you choose to purchase coverage for certified acts of terrorism, you should indicate so in the section below and remit the quoted premium amount indicated below.

	I hereby acknowledge that I have been notified of my right to purchase coverage for certified acts of terrorism and that I voluntary elect not to purchase such coverage. I understand that I will have no coverage for losses arising from acts of terrorism as defined above.
	I hereby elect to purchase coverage for certified acts of terrorism for a premium of \$ _____

Note: If you do not pay the premium as noted above, you will not have Terrorism Coverage under this policy, as defined in the Act. Failure to sign this form will neither grant nor invalidate coverage.

Applicant's Name

Insurance Company

Authorized Signature

Date

Print Name

Policy Number / Effective Date

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 06/12/2008

Comments:

Attachment:

ARTransmittal.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

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	

3. Group Name	Group NAIC #

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

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: _____
14. Effective Date(s) Requested	New: _____ Renewal: _____

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 #				
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>				
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			[] New [] Replacement [] Withdrawn		
02			[] New [] Replacement [] Withdrawn		
03			[] New [] Replacement [] Withdrawn		
04			[] New [] Replacement [] Withdrawn		
05			[] New [] Replacement [] Withdrawn		
06			[] New [] Replacement [] Withdrawn		
07			[] New [] Replacement [] Withdrawn		
08			[] New [] Replacement [] Withdrawn		
09			[] New [] Replacement [] Withdrawn		
10			[] New [] Replacement [] Withdrawn		