

SERFF Tracking Number: NWCM-125755002 State: Arkansas
First Filing Company: Nationwide Mutual Fire Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: E-2008RWHR-7FWJA9
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
Product Name: Commercial Property
Project Name/Number: Commercial Property Form Filing/E-2008RWHR-7FWJA9

Filing at a Glance

Companies: Nationwide Mutual Fire Insurance Company, Nationwide Mutual Insurance Company, Nationwide Property & Casualty Insurance Company

Product Name: Commercial Property	SERFF Tr Num: NWCM-125755002	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: E-2008RWHR-7FWJA9	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Llyweyia Rawlins
	Author: Marie Safreed	Disposition Date: 07/31/2008
	Date Submitted: 07/30/2008	Disposition Status: Approved
Effective Date Requested (New): 11/01/2008		Effective Date (New): 11/01/2008
Effective Date Requested (Renewal): 11/01/2008		Effective Date (Renewal): 11/01/2008

State Filing Description:

General Information

Project Name: Commercial Property Form Filing	Status of Filing in Domicile: Not Filed
Project Number: E-2008RWHR-7FWJA9	Domicile Status Comments:
Reference Organization: ISO	Reference Number: CL-2008-OPTOA
Reference Title: TERRORISM	Advisory Org. Circular: LI-CF-2008-073, LI-CF-2008-143

Filing Status Changed: 07/31/2008
State Status Changed: 07/31/2008
Corresponding Filing Tracking Number:
Filing Description:

Deemer Date:

We are filing to adopt a revised form applicable for Commercial Property policies. Please see the attached filing memorandum.

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Company and Contact

Filing Contact Information

Marie Safreem, State Filing Specialist safreem@nationwide.com
 One Nationwide Plaza (614) 249-9741 [Phone]
 Columbus, OH 43215 (614) 249-3922[FAX]

Filing Company Information

Nationwide Mutual Fire Insurance Company CoCode: 23779 State of Domicile: Ohio
 One Nationwide Plaza Group Code: 140 Company Type: Property & Casualty

1-17-02
 Columbus, OH 43215 Group Name: State ID Number:
 (614) 249-2271 ext. [Phone] FEIN Number: 31-4177110

Nationwide Mutual Insurance Company CoCode: 23787 State of Domicile: Ohio
 One Nationwide Plaza Group Code: 140 Company Type: Property & Casualty

1-17-02
 Columbus, OH 43215 Group Name: State ID Number:
 (614) 249-2271 ext. [Phone] FEIN Number: 31-4177100

Nationwide Property & Casualty Insurance Company CoCode: 37877 State of Domicile: Ohio
 One Nationwide Plaza Group Code: 140 Company Type: Property & Casualty

1-17-02
 Columbus, OH 43215 Group Name: State ID Number:
 (614) 249-2271 ext. [Phone] FEIN Number: 31-0970750

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00

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Retaliatory? No
Fee Explanation: 50.00 PER SUBMISSION
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07/31/2008	07/31/2008

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Disposition

Disposition Date: 07/31/2008
Effective Date (New): 11/01/2008
Effective Date (Renewal): 11/01/2008
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
Form	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM	IL 09 52 03 08	03 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #: IL 09 52 01 08 Previous Filing #:		IL 09 52 - 0308.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following:

BOILER AND MACHINERY COVERAGE PART
 COMMERCIAL INLAND MARINE COVERAGE PART
 COMMERCIAL PROPERTY COVERAGE PART
 EQUIPMENT BREAKDOWN COVERAGE PART
 FARM COVERAGE PART
 STANDARD PROPERTY POLICY

A. Cap On Certified Terrorism Losses

"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, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

1. The act 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; and
2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is 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 aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we 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 the Treasury.

B. Application Of Exclusions

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Coverage Part or Policy, such as losses excluded by the Nuclear Hazard Exclusion or the War And Military Action Exclusion.

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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 07/31/2008

Comments:

Attachments:

Form Memorandum Legacy.pdf
F777AR_021307[1].pdf
F778AR_021307[1].pdf

Nationwide Mutual Insurance Company
Nationwide Mutual Fire Insurance Company
Nationwide Property and Casualty Insurance Company

Form Revision Filing

With this filing, we are implementing the ISO Terrorism Filing Designations for Forms under CL-2008-OPTOA.

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		

3. Group Name	Group NAIC #
Nationwide Insurance Companies	140

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Nationwide Mutual Insurance Company	OH	140-23787	31-4177100	
Nationwide Mutual Fire Insurance Company	OH	140-23779	31-4177110	
Nationwide Property & Casualty Insurance Company	OH	140-37877	31-0970750	

5. Company Tracking Number	E-2008RWHR-7FWJA9
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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
	Marie Safreed One Nationwide Plaza 1-17-02 Columbus OH 43215	State Filing Specialist	(614) 249-9741	(614) 249-3922	safreem@nationwide.com

7.	Signature of authorized filer	<i>Marie T. Safreed</i>
8.	Please print name of authorized filer	Marie Safreed

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

9. Type of Insurance (TOI)	Property & Casualty
10. Sub-Type of Insurance (Sub-TOI)	1 & 2.1 Fire and Allied Lines
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial Property

Check #: N/A submitted by EFT

Amount: 50.00

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.)**

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 #	E-2008RWHR-7FWJA9			
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	Cap on Losses from Certified Acts of Terrorism	IL 09 52 03 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL 09 52 01 08	
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		