

SERFF Tracking Number: TRVC-125754072 State: Arkansas
First Filing Company: Northland Casualty Company, ... State Tracking Number: EFT \$50
Company Tracking Number: NIC/NCC-08-024AR
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Publics Program & Business Auto Program
Project Name/Number: INFORMATIONAL FILING - Addition of Terrorism Forms/NIC/NCC-08-024AR

Filing at a Glance

Companies: Northland Casualty Company, Northland Insurance Company

Product Name: Publics Program & Business Auto Program SERFF Tr Num: TRVC-125754072 State: Arkansas

Auto Program

TOI: 09.0 Inland Marine

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 09.0005 Other Commercial Inland Marine

Co Tr Num: NIC/NCC-08-024AR

State Status: Fees verified and received

Filing Type: Form

Co Status: Pending

Reviewer(s): Llyweyia Rawlins

Author: Erin Teats

Disposition Date: 07/31/2008

Date Submitted: 07/30/2008

Disposition Status: Approved

Effective Date Requested (New): 10/01/2008

Effective Date (New): 10/01/2008

Effective Date Requested (Renewal): 10/01/2008

Effective Date (Renewal):

10/01/2008

State Filing Description:

General Information

Project Name: INFORMATIONAL FILING - Addition of Terrorism Forms Status of Filing in Domicile: Not Filed

Project Number: NIC/NCC-08-024AR

Domicile Status Comments: N/A

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 07/31/2008

State Status Changed: 07/31/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This letter and the enclosed material are submitted as an informational filing on behalf of the Northland Insurance Company for the Publics Program & Northland Casualty Company for the Business Auto Program.

By this submission we are placing on file the enclosed company-developed forms in connection with the Reauthorization of the Terrorism Risk Insurance Act, which was effective December 26, 2007.

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 Product Name: Publics Program & Business Auto Program
 Project Name/Number: INFORMATIONAL FILING - Addition of Terrorism Forms/NIC/NCC-08-024AR
 S2847-IL (7/08) TERRORISM RISK INSURANCE ACT OF 2002 DISCLOSURE
 S2848-IL (7/08) CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

We would like to reemphasize that it will continue to be the practice of Northland Insurance Company and Northland Casualty Company not to exclude any acts of terrorism in its policies nor are there any associated premium increases for the inclusion of this coverage.

Your acknowledgment of this informational filing to be effective October 1, 2008, for new and renewal business, sent via SERFF, will be appreciated.

Company and Contact

Filing Contact Information

Erin Teats, State Filing Consultant eteats@northlandins.com
 385 Washington Street (800) 237-9334 [Phone]
 St. Paul, MN 55120-1146 (651) 310-4101[FAX]

Filing Company Information

Northland Casualty Company	CoCode: 24031	State of Domicile: Minnesota
385 Washington St	Group Code: 3548	Company Type: Property Casualty
Mail Code 9275-SB03N		
St. Paul, MN 55102	Group Name:	State ID Number:
(800) 237-9334 ext. [Phone]	FEIN Number: 94-6051964	

Northland Insurance Company	CoCode: 24015	State of Domicile: Minnesota
385 Washington St	Group Code: 3548	Company Type: Property Casualty
Mail Code 9275-SB03N		
St. Paul, MN 55102	Group Name:	State ID Number:
(800) 237-9334 ext. [Phone]	FEIN Number: 41-6009967	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00

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Retaliatory? No
Fee Explanation: \$50.00 per form filing.
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Northland Casualty Company	\$50.00	07/30/2008	21679606
Northland Insurance Company	\$0.00	07/30/2008	

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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): 10/01/2008
Effective Date (Renewal): 10/01/2008
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	Terrorism Risk Insurance Act of 2002 Disclosure	Approved	Yes
Form	Cap on Losses from Certified Acts of Terrorism	Approved	Yes

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 Product Name: Publics Program & Business Auto Program
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Terrorism Risk Insurance Act of 2002 Disclosure	S2847-IL	(7/08)	Endorsement/Amendment/Conditions	New	0.00	S2847IL_0708.pdf
Approved	Cap on Losses from Certified Acts of Terrorism	S2848-IL	(7/08)	Endorsement/Amendment/Conditions	New	0.00	S2848IL_0708.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**TERRORISM RISK
INSURANCE ACT OF 2002 DISCLOSURE**

This endorsement applies to the insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

The following provisions are added to the Cargo Insurance endorsement:

On December 26, 2007, the President of the United States signed into law amendments to the Terrorism Risk Insurance Act of 2002 (the "Act"), which, among other things, extend the Act and expand its scope. The Act establishes a program under which the Federal Government may partially reimburse "Insured Losses" (as defined in the Act) caused by "acts of terrorism". An "act of terrorism" is defined in Section 102(l) of the Act to mean 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.

The Federal Government's share of compensation for Insured Losses is 85% of the amount of Insured Losses in excess of each Insurer's statutorily established deductible, subject to the "Program Trigger", (as defined in the Act). In no event, however, will the federal government or any Insurer be required to pay any portion of the amount of aggregate Insured Losses occurring in any one year that exceeds \$100,000,000,000, provided that such Insurer has met its deductible. If aggregate Insured Losses exceed \$100,000,000,000 in any one year, your coverage may therefore be reduced.

The charge for Insured Losses for Cargo Insurance is indicated below, and does not include any charge for the portion of losses covered by the Federal Government under the Act:

- 1% of your total Cargo Insurance premium.

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:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

The following provisions are added to the Cargo Insurance endorsement:

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 aggregate 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:

PC TD-1.pdf

PC FFS-1.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 #
St. Paul Travelers Affiliated Property & Casualty Insurers	3548

4. Company Name(s)	Domicile	NAIC #	FEIN #
Northland Insurance Company	MN	24015	41-6009967
Northland Casualty Company	MN	24031	94-6051964

5. Company Tracking Number	NIC/NCC-08-024AR
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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
Erin Teats 385 Washington Street, Mail Code 9275-SB03N St. Paul, MN 55102-1309	State Filing Consultant	1-800-237-9334 Ext. 04360	651-310-4101	eteats@northlandins.com
7. Signature of authorized filer	Erin Teats			
8. Please print name of authorized filer	Erin Teats			

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

9. Type of Insurance (TOI)	9.0000 – Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	09.0005 – Other Commercial Inland Marine
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Publics Program & Business Auto Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
14. Effective Date(s) Requested	New: 10-01-2008 Renewal: 10-01-2008
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	07-30-2008
19. Status of filing in domicile	<input checked="" 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 #	NIC/NCC-08-024AR
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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S2847-IL	(7/08)	TERRORISM RISK INSURANCE ACT OF 2002 DISCLOSURE
S2848-IL	(7/08)	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

We would like to reemphasize that it will continue to be the practice of Northland Insurance Company and Northland Casualty Company not to exclude any acts of terrorism in its policies nor are there any associated premium increases for the inclusion of this coverage.

Your acknowledgment of this informational filing to be effective October 1, 2008, for new and renewal business, sent via SERFF, will be appreciated.

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 #: EFT
Amount: \$50.00

\$50.00 for Form, per submission

Filing 2 Forms = \$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 #	NIC/NCC-08-024AR			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
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	Terrorism Risk Insurance Act of 2002 Disclosure	S2847-IL (7/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Cap on Losses from Certified Acts of Terrorism	S2848-IL (7/08)	<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		