

SERFF Tracking Number: TWRG-125744250 State: Arkansas
 Filing Company: Tower Insurance Company of New York State Tracking Number: EFT \$25
 Company Tracking Number: 08-AR-3-WC-002
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
 Product Name: Adoption of Revised NCCI Terrorism Forms
 Project Name/Number: Adoption of Revised NCCI Terrorism Forms/08-AR-3-WC-002

Filing at a Glance

Company: Tower Insurance Company of New York

Product Name: Adoption of Revised NCCI Terrorism Forms SERFF Tr Num: TWRG-125744250 State: Arkansas

TOI: 16.0 Workers Compensation
 Sub-TOI: 16.0004 Standard WC

SERFF Status: Closed
 Co Tr Num: 08-AR-3-WC-002

State Tr Num: EFT \$25
 State Status: Fees verified and received

Filing Type: Form

Co Status: Pending

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Faye Storch

Disposition Date: 07/23/2008

Date Submitted: 07/23/2008

Disposition Status: Approved

Effective Date Requested (New): 09/01/2008

Effective Date (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Adoption of Revised NCCI Terrorism Forms

Status of Filing in Domicile: Authorized

Project Number: 08-AR-3-WC-002

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: Item B-1406

Reference Title: Arkansas-Item-B-1406-Revisions to Basic Manual

Advisory Org. Circular: AR-2008-01

Classifications and Rules

Filing Status Changed: 07/23/2008

State Status Changed: 07/23/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Tower Insurance Company of New York is affiliated with the National Council on Compensation Insurance (NCCI) for Workers Compensation insurance. Pursuant to NCCI Circular AR-2008-01, we would like to adopt the latest revisions made in Item-B-1406-Revisions to Basic Manual Classifications and Rules. The specifics are as follows:

Withdraw

SERFF Tracking Number: TWRG-125744250 State: Arkansas
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1. Terrorism Risk Insurance Program Reauthorization Act Endorsement, Form No. WC 00 01 13 A.

Revise

1. Replace Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents Premium Endorsement, Form No. WC 00 04 21 B 1/08 with Catastrophe (Other than Certified Acts of Terrorism) Premium Endorsement WC 00 04 21 C 9/08.

2. Replace Foreign Terrorism Premium Endorsement, Form No. WC 00 04 22 1/06 with Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement WC 00 04 22 A 9/08.

We wish to make this filing effective for all policies effective on or after September 1, 2008.

Your favorable consideration and acknowledgment/approval are respectfully requested. Please contact me if you should have any questions or comments.

Thank you for your attention in this matter.

Company and Contact

Filing Contact Information

Faye Storch, Senior Business Analyst fstorch@twrgroup.com
120 Broadway, 31st Floor (212) 655-2189 [Phone]
New York, NY 10271-3199 (631) 824-9203[FAX]

Filing Company Information

Tower Insurance Company of New York CoCode: 44300 State of Domicile: New York
120 Broadway, 31st Floor Group Code: 3703 Company Type: Property &
Casualty
New York, NY 10271-3199 Group Name: Tower Group State ID Number:
Companies
(212) 655-2000 ext. [Phone] FEIN Number: 13-3548249

SERFF Tracking Number: TWRG-125744250 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: Reference filing of NCCI endorsements.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Tower Insurance Company of New York	\$25.00	07/23/2008	21549490

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07/23/2008	07/23/2008

SERFF Tracking Number: *TWRG-125744250* *State:* *Arkansas*
Filing Company: *Tower Insurance Company of New York* *State Tracking Number:* *EFT \$25*
Company Tracking Number: *08-AR-3-WC-002*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *Adoption of Revised NCCI Terrorism Forms*
Project Name/Number: *Adoption of Revised NCCI Terrorism Forms/08-AR-3-WC-002*

Disposition

Disposition Date: 07/23/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TWRG-125744250 State: Arkansas
 Filing Company: Tower Insurance Company of New York State Tracking Number: EFT \$25
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Catastrophe (Other Than Certified Acts of terrorism) Premium Endorsement	Approved	Yes
Form	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	Approved	Yes
Form	TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT	Approved	Yes

SERFF Tracking Number: TWRG-125744250 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Catastrophe (Other Than Certified Acts of terrorism) Premium Endorsement	WC 00 04 21 C	9/08	Endorsement/Amendment/Conditions	Replaced Form #: WC 00 04 21 B Previous Filing #: TWRG-125212216		WC 00 04 21 C.pdf
Approved	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	WC 00 04 22 A	9/08	Endorsement/Amendment/Conditions	Replaced Form #: WC 00 04 22 Previous Filing #: TWRG-125212216		WC 00 04 22 A.pdf
Approved	TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT ENDORSEMENT	WC 00 01 13 A	01/08	Endorsement/Amendment/Conditions	Replaced Form #: N/A Previous Filing #: TWRG-125212216		

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

This endorsement is notification that your insurance carrier is charging premium to cover the losses that may occur in the event of a Catastrophe (other than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism). This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement (WC 00 04 22 A), attached to this policy.

For purposes of this endorsement, the following definitions apply:

- Catastrophe (other than Certified Acts of Terrorism): Any single event, resulting from an Earthquake, Noncertified Act of Terrorism, or Catastrophic Industrial Accident, which results in aggregate workers compensation losses in excess of \$50 million.
- Earthquake: The shaking and vibration at the surface of the earth resulting from underground movement along a fault plane or from volcanic activity.
- Noncertified Act of Terrorism: An event that is not certified as an Act of Terrorism by the Secretary of Treasury pursuant to the Terrorism Risk Insurance Act of 2002 (as amended) but that meets all of the following criteria:
 - a. It is an act that is violent or dangerous to human life, property, or infrastructure;
 - b. The act results in damage within the United States, or outside of the United States in the case of the premises of United States missions or air carriers or vessels as those terms are defined in the Terrorism Risk Insurance Act of 2002 (as amended); and
 - c. It is an act that has 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.
- Catastrophic Industrial Accident: A chemical release, large explosion, or small blast that is localized in nature and affects workers in a small perimeter the size of a building.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (other than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State	Rate	Premium
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This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium:

Insurance Company

Countersigned by _____

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

“Act” means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

“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 as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has 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.

“Insured Loss” means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

“Insurer Deductible” means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

“Program Year” refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State

Rate

Premium

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured

Policy No.

Endorsement No.
Premium \$

Insurance Company

Countersigned by _____

SERFF Tracking Number: *TWRG-125744250* *State:* *Arkansas*
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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 07/23/2008

Comments:

Please see attached.

Attachment:

07-23-08 ARPCTD.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: 50%;">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 #
Tower Group Companies	3703

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Tower Insurance Company of New York	New York	3703-44300	13-3548249	

5. Company Tracking Number	08-AR-3-WC-002
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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
Faye V. Storch Tower Group Companies 120 Broadway – 31 st Floor New York, NY 10271-1699	Senior Business Analyst	212-655-2189	631-824-9203	fstorch@twrgrp.com

7. Signature of authorized filer	
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8. Please print name of authorized filer	Faye V. Storch
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Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	16.0004 Standard WC
12. Company Program Title (Marketing title)	N/A
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input 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 (give description)
14. Effective Date(s) Requested	New: 09/01/2008 Renewal: 09/01/2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	AR-2008-01
18.	Company's Date of Filing	07/23/08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	08-AR-3-WC-002
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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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Tower Insurance Company of New York is affiliated with the National Council on Compensation Insurance (NCCI) for Workers Compensation insurance. Pursuant to NCCI Circular AR-2008-01, we would like to adopt the latest revisions made in Item-B-1406-Revisions to Basic Manual Classifications and Rules. The specifics are as follows:

Withdraw

1. Terrorism Risk Insurance Program Reauthorization Act Endorsement, Form No. **WC 00 01 13 A.**

Revise

1. Replace Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents Premium Endorsement, Form No. **WC 00 04 21 B 1/08** with Catastrophe (Other than Certified Acts of Terrorism) Premium Endorsement **WC 00 04 21 C 9/08.**
2. Replace Foreign Terrorism Premium Endorsement, Form No. **WC 00 04 22 1/06** with Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement **WC 00 04 22 A 9/08.**

We wish to make this filing effective for all policies effective on or after September 1, 2008.

Your favorable consideration and acknowledgment/approval are respectfully requested. Please contact me if you should have any questions or comments.

Thank you for your attention in this matter.

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 #: VIA EFT
Amount: 25.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**