

SERFF Tracking Number: NWCM-125753179 State: Arkansas
First Filing Company: Nationwide Mutual Fire Insurance Company, ... State Tracking Number: EFT \$25
Company Tracking Number: P-2008AJKA-7GNNQM
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Workers' Compensation
Project Name/Number: Combined Terrorism/P-2008AJKA-7GNNQM

Filing at a Glance

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

Product Name: Workers' Compensation SERFF Tr Num: NWCM-125753179 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$25
Sub-TOI: 16.0004 Standard WC Co Tr Num: P-2008AJKA-7GNNQM State Status: Fees verified and received
Filing Type: Form Co Status: Pending - Submitted Reviewer(s): Betty Montesi, Carol Stiffler
Author: Duane Hartley Disposition Date: 08/12/2008
Date Submitted: 08/12/2008 Disposition Status: Approved
Effective Date Requested (New): 08/01/2009 Effective Date (New): 08/01/2008
Effective Date Requested (Renewal): 08/01/2009 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Combined Terrorism Status of Filing in Domicile:
Project Number: P-2008AJKA-7GNNQM Domicile Status Comments:
Reference Organization: NCCI Reference Number: ITEM P-1406
Reference Title: Withdrawal of Endorsement WC 00 01 13 A and Revisions to Endorsements WC 00 04 21 B and WC 00 04 22 Advisory Org. Circular: CIF-2008-004
Filing Status Changed: 08/12/2008
State Status Changed: 08/12/2008 Deemer Date:
Corresponding Filing Tracking Number: P-2008AJKA-7GNNQM
Filing Description:

The above companies would like to adopt NCCI Circular CIF-2008-04, with an effective date of August 1, 2009.

The changes in this NCCI circular are as follows:

This item filing withdraws the Terrorism Risk Insurance Program Reauthorization Act Endorsement (WC 00 01 13 A),

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and updates the Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement (WC 00 04 21 B), and the Foreign Terrorism Premium Endorsement (WC 00 04 22) to reflect certain changes required to address losses from terrorism and catastrophes (other than Certified Acts of Terrorism).

By implementing this change at a later date, we will not incur the cost of making changes to our current processing system, but instead will allow us to include this change in our new processing system.

Company and Contact

Filing Contact Information

Duane Hartley, Sr. Filing Analyst hartled@nationwide.com
 One Nationwide Plaza (614) 249-6346 [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 CoCode: 37877 State of Domicile: Ohio
 Company Group Code: 140 Company Type: Property & Casualty
 One Nationwide Plaza

1-17-02
 Columbus, OH 43215 Group Name: State ID Number:

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(614) 249-2271 ext. [Phone]

FEIN Number: 31-0970750

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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: \$25/reference filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Mutual Insurance Company	\$25.00	08/12/2008	21901908
Nationwide Mutual Fire Insurance Company	\$0.00	08/12/2008	
Nationwide Property & Casualty Insurance Company	\$0.00	08/12/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08/12/2008	08/12/2008

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Disposition

Disposition Date: 08/12/2008
Effective Date (New): 08/01/2008
Effective Date (Renewal):
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 Program Reauthorization Act Disclosure Endorsement	Approved	Yes
Form	Catastrophe (Other than Certified Acts of Terrorism) Premium Endorsement	Approved	Yes

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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 Program Reauthorization Act Disclosure Endorsement	WC 00 04 22 A	9-08	Endorsement/Amendment/Conditions	Replaced Form #: WC 00 04 22 Previous Filing #:		WC 00 04 22 A.pdf
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 #:		WC 00 04 21 C.pdf

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 _____

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 _____

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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 08/12/2008

Comments:

Attachment:

Arkansas - PC Transmittal - Forms.pdf

Property & Casualty Transmittal Document

Reset Form

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	Ohio	23787	31-4177100	
Nationwide Mutual Fire Insurance Co.	Ohio	23779	31-4177110	
Nationwide Property & Casualty Ins. Co.	Ohio	37877	31-0970750	

5. Company Tracking Number	P-2008AJKA-7GNNQM
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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
Duane Hartley One Nationwide Plaza Columbus, Ohio 43215	Sr. Filing Analyst	614-249-6346	614-249-3922	hartled@nationwide.com

7. Signature of authorized filer	Duane Hartley	<small>Digitally signed by Duane Hartley DN: cn=Duane Hartley, c=US, o=Nationwide Insurance, ou=Commercial Insurance, email=hartled@nationwide.com Date: 2008.08.12 10:11:23 -0400</small>
8. Please print name of authorized filer	Duane Hartley	

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]	N/A
12. Company Program Title (Marketing title)	Workers' Compensation
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: August 1, 2009 Renewal: August 1, 2009
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	NCCI
17. Reference Organization # & Title	Item P-1406- Withdrawal of Endorsement WC 00 01 13 A and Revisi
18. Company's Date of Filing	August 12, 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 # P-2008AJKA-7GNNQM

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

The above companies would like to adopt NCCI Circular CIF-2008-04, with an effective date of August 1, 2009.

The changes in this NCCI circular are as follows:

This item filing withdraws the Terrorism Risk Insurance Program Reauthorization Act Endorsement (WC 00 01 13 A), and updates the Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents Premium Endorsement (WC 00 04 21 B), and the Foreign Terrorism Premium Endorsement (WC 00 04 22) to reflect certain changes required to address losses from terrorism and catastrophes (other than Certified Acts of Terrorism).

By implementing this change at a later date, we will not incur the cost of making changes to our current processing system, but instead will allow us to include this change in our new processing system.

[View Complete Filing Description](#)

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]

Check #: None

Amount: 25.00

Reference Filing - \$25

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 #	P-2008AJKA-7GNNQM
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	P-2008AJKA-7GNNQM
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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	Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement	WC 00 04 21 C Ed.(9-08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	WC 00 04 21 B	N/A
02	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	WC 00 04 22 A	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	WC 00 04 22	N/A
03	Terrorism Risk Insurance Program Reauthorization Act Endorsement	WC 00 01 13 A	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn	None	N/A
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		

PC FFS-1