

SERFF Tracking Number: ZICO-125678764 State: Arkansas
Filing Company: Zenith Insurance Company State Tracking Number: #3300127090 \$20
Company Tracking Number: 000421C & 000422A
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: Terrorism Filing 2008 - Revised
Project Name/Number: 000421B and 000422/

Filing at a Glance

Company: Zenith Insurance Company

Product Name: Terrorism Filing 2008 - Revised SERFF Tr Num: ZICO-125678764 State: Arkansas
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #3300127090 \$20
Sub-TOI: 16.0004 Standard WC Co Tr Num: 000421C & 000422A State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol Stiffler
Author: Laura Cramer Disposition Date: 08/04/2008
Date Submitted: 06/17/2008 Disposition Status: Disapproved
Effective Date Requested (New): 09/01/2008 Effective Date (New): 08/05/2008
Effective Date Requested (Renewal): 09/01/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: 000421B and 000422
Project Number:
Reference Organization: NCCI
Reference Title: Terrorism Filing

Status of Filing in Domicile: Not Filed
Domicile Status Comments: NOT FILED
Reference Number: CIF-2008-04
Advisory Org. Circular: P1406 - 000421C & 000422A

Filing Status Changed: 08/04/2008
State Status Changed: 06/20/2008
Corresponding Filing Tracking Number:
Filing Description:

Deemer Date:

WC000421C - Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement
WC000422A - Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement

Company and Contact

Filing Contact Information

SERFF Tracking Number: ZICO-125678764 State: Arkansas
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Brad Eastwood, Vice President beastwood@thezenith.com
21255 Califa Street (818) 594-5553 [Phone]
Woodland Hills, CA 91367 (818) 227-3053[FAX]

Filing Company Information

Zenith Insurance Company CoCode: 13269 State of Domicile: California
21255 Califa Street Group Code: 336 Company Type:
Woodland Hills, CA 91367 Group Name: State ID Number:
(818) 251-5657 ext. [Phone] FEIN Number: 95-1651549

SERFF Tracking Number: ZICO-125678764 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: \$20 for adopting NCCI form.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Zenith Insurance Company	\$0.00	06/17/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
3300127090	\$20.00	06/05/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Carol Stiffler	08/04/2008	08/04/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	07/22/2008	07/22/2008			
Industry Response						

Pending	Carol Stiffler	06/17/2008	06/17/2008			
Industry Response						

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Note to Reviewer	Note To Filer	Carol Stiffler	07/25/2008	07/25/2008
Item P1406	Note To Reviewer	Laura Cramer	06/19/2008	07/24/2008

SERFF Tracking Number: *ZICO-125678764* *State:* *Arkansas*
Filing Company: *Zenith Insurance Company* *State Tracking Number:* *#3300127090 \$20*
Company Tracking Number: *000421C & 000422A*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *Terrorism Filing 2008 - Revised*
Project Name/Number: *000421B and 000422/*

Disposition

Disposition Date: 08/04/2008

Effective Date (New): 08/05/2008

Effective Date (Renewal):

Status: Disapproved

Comment: This filing is disapproved for lack of response to our 7/22/08 objection letter.

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		Yes
Form	Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement		Yes
Form	Terrorism Risk insurance Program Reauthorization Act Disclosure Endorsement		Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/22/2008

Submitted Date 07/22/2008

Respond By Date

Dear Brad Eastwood,

We have not received a response to our objection letter on June 17, 2008. The company must respond by August 1, 2008 with the requested information, withdraw the filing, or we will disapprove the filing.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/17/2008

Submitted Date 06/17/2008

Respond By Date

Dear Brad Eastwood,

This will acknowledge receipt of the captioned filing. On the General Information tab you indicate that you are adopting Reference Number CIF-2008-04 which is not a valid Item Filing number. On the Uniform Transmittal Document (UTD) on the Supporting Documentation tab, you indicate that you are adopting NCCI Item Filing P-1406 which is a form filing. Please confirm if P-1406 is the correct Item Filing #.

NCCI can file forms on the company's behalf and the company need do nothing to adopt them. The company must only make a filing if they are not adopting those forms or if they are making a change to the NCCI forms.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

SERFF Tracking Number: *ZICO-125678764* *State:* *Arkansas*
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Product Name: *Terrorism Filing 2008 - Revised*
Project Name/Number: *000421B and 000422/*

Note To Filer

Created By:

Carol Stiffler on 07/25/2008 09:33 AM

Subject:

Note to Reviewer

Comments:

Please don't use a Note to Reviewer to respond to an Objection Letter. A note doesn't change the status of the filing on our end. You send a Note and the status still shows Pending Industry Response.

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Note To Reviewer

Created By:

Laura Cramer on 06/19/2008 01:33 PM

Subject:

Item P1406

Comments:

Dear Carol, my apologies for incorrectly submitting this filing. Yes, we are adopting Item Filing P-1406. If you need additional information, please give me a call at (818) 594-5384. Thank you, Laura Cramer

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
	Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement	WC000421C	09/01/08`	Endorsement/Amendment/Conditions		10.00	000421C.pdf
	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	WC000422A	09/01/08	Endorsement/Amendment/Conditions		10.00	000422A.pdf



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
-------	------	---------

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:

Zenith 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.

TheZenith®

C 00 04 22 A

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

(Ed. 9-08)

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 \$

Zenith Insurance Company

Countersigned by _____

WC 00 04 22 A

(Ed. 9-08)

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<i>SERFF Tracking Number:</i>	<i>ZICO-125678764</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Zenith Insurance Company</i>	<i>State Tracking Number:</i>	<i>#3300127090 \$20</i>
<i>Company Tracking Number:</i>	<i>000421C & 000422A</i>		
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<i>Product Name:</i>	<i>Terrorism Filing 2008 - Revised</i>		
<i>Project Name/Number:</i>	<i>000421B and 000422/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ZICO-125678764

State: Arkansas

Filing Company: Zenith Insurance Company

State Tracking Number: #3300127090 \$20

Company Tracking Number: 000421C & 000422A

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Product Name: Terrorism Filing 2008 - Revised

Project Name/Number: 000421B and 000422/

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

06/03/2008

Comments:

Terrorism Transmittal Document

Attachment:

AR Transmittal Doc.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 #:

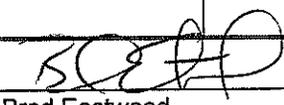
h. Subject Codes

3. Group Name	Group NAIC #
NCCI	0336

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Zenith Insurance Company	CA	13269	95-1651549	04

5. Company Tracking Number	AR-TERR-R
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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
Brad Eastwood Zenith Insurance Company 21255 Califa Street Woodland Hills, CA 91387	Vice President	(818) 5945553	(818) 713-0177	beastwood@thezenith.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Brad Eastwood		

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)	None
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
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
18. Company's Date of Filing	06/05/2008
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 # AR-TERR-R

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

Adopting NCCI form in its entirety along with its effective date.

[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 #: 3300127090

Amount: 20.00

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 #				
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	Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement	WC000421C	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
02	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement	WC000422A	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
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		

PC FFS-1