

SERFF Tracking Number: GNFD-125501612 State: Arkansas  
Filing Company: General Fidelity Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: TRIA-02-08  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0004 Contractual Liability  
Product Name: TRIA Endorsement Update  
Project Name/Number: TRIA Endorsement filing/TRIA-02-08

## Filing at a Glance

Company: General Fidelity Insurance Company

Product Name: TRIA Endorsement Update SERFF Tr Num: GNFD-125501612 State: Arkansas  
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50  
Made/Occurrence

Sub-TOI: 17.0004 Contractual Liability Co Tr Num: TRIA-02-08 State Status: Fees received  
Filing Type: Form Co Status: Approved Reviewer(s): Betty Montesi, Edith  
Roberts, Brittany Yielding  
Author: Leslie Bowar Disposition Date: 03/12/2008  
Date Submitted: 02/21/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: TRIA Endorsement filing  
Project Number: TRIA-02-08

Status of Filing in Domicile: Pending  
Domicile Status Comments: Filing in domicile  
state of South Carolina is being submitted at  
this time.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/12/2008

State Status Changed: 02/21/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This purpose of this filing is to submit the 2007 Terrorism Risk Insurance Act revision to comply with the Terrorism Risk Insurance Program Reauthorization Act of 2007. The attached TRIA endorsement form is the only one being submitted in this filing. This TRIA endorsement will be applicable to all General Fidelity Insurance Company Contractual Liability Policies previously filed and approved in your state.

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If you need additional information, please contact me.

Regards,  
 Leslie Bowar  
 704-388-4423  
 leslie.a.bowar@bankofamerica.com

## Company and Contact

### Filing Contact Information

Leslie Bowar, VP, Compliance Manager leslie.a.bowar@bankofamerica.com  
 201 N. Tryon St. (704) 388-4423 [Phone]  
 Charlotte, NC 28255 (704) 387-1606[FAX]

### Filing Company Information

General Fidelity Insurance Company CoCode: 30007 State of Domicile: South Carolina  
 201 N. Tryon Street Group Code: 1281 Company Type:  
 NC1-022-19-02  
 Charlotte, NC 28255 Group Name: State ID Number:  
 (704) 387-8098 ext. [Phone] FEIN Number: 33-0242848  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
General Fidelity Insurance Company	\$50.00	02/21/2008	18092506

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	03/12/2008	03/12/2008

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## Disposition

Disposition Date: 03/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

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	Approved	Yes
Supporting Document	EXPEDITED FILING TRANSMITTAL DOCUMENT	Approved	Yes
Form	Policyholder Disclosure Notice of Terrorism Insurance Coverage	Approved	Yes

SERFF Tracking Number: GNFD-125501612 State: Arkansas  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policyholder Disclosure Notice of Terrorism Insurance Coverage	GFIC-CLP-TRIA-01	02/08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 GFIC-CLP-TRIA-00 Previous Filing #: GAPCLP-11-06-F		TRIA '07revision 2.08.pdf

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. The term “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—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.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

**Acceptance or Rejection of Terrorism Insurance Coverage**

	I hereby elect to purchase terrorism coverage for a prospective premium of \$ _____.
	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified acts of terrorism.

\_\_\_\_\_  
Policyholder/Applicant’s Signature

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Date

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term “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—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. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers’ liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is \_\_\_\_\_, and does not include any charges for the portion of losses covered by the United States government under the Act.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT, MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE MY COVERAGE AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

\_\_\_\_\_  
Policyholder/Applicant’s Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Name of Insurer: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

*SERFF Tracking Number:* GNFD-125501612                      *State:* Arkansas  
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*TOI:* 17.0 Other Liability - Claims Made/Occurrence                      *Sub-TOI:* 17.0004 Contractual Liability  
*Product Name:* TRIA Endorsement Update  
*Project Name/Number:* TRIA Endorsement filing/TRIA-02-08

## **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 03/12/2008

**Comments:**

**Attachment:**

TRIA-PCTD-FORMS.pdf

**Satisfied -Name:** EXPEDITED FILING  
TRANSMITTAL DOCUMENT **Review Status:** Approved 03/12/2008

**Comments:**

**Attachment:**

TRIA\_expedited\_filing\_form.pdf

**Property & Casualty Transmittal Document (Revised 1/1/06)**

<b>1. Reserved for Insurance Dept. Use Only</b>
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<b>2. Insurance Department Use only</b>	
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	

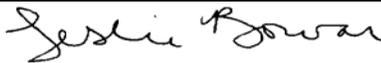
<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #
General Fidelity Insurance Company	SC	30007	33-0242848

<b>5. Company Tracking Number</b>	TRIA-02-08
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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
Leslie Bowar NC1-022-05-01 201 N Tryon St Charlotte, NC 28255	Business Compliance Manager	704.388.4423 866.763.7790	704.387.1606	Leslie.a.bowar@banko famerica.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Leslie Bowar

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

9. Type of Insurance (TOI)	17.0
10. Sub-Type of Insurance (Sub-TOI)	17.0004
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Contractual Liability Reimbursement Insurance of Service Contract Providers
13. Filing Type	[ ] Rate/Loss Cost [ ] Rules [ ] Rates/Rules [X] Forms [ ] Combination Rates/Rules/Forms [ ] Withdrawal [ ] Other (give description)
14. Effective Date(s) Requested	New: 3/24/08 Renewal:
15. Reference Filing?	[ ] Yes [X] No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	2/21/08
19. Status of filing in domicile	[ ] Not Filed [X] Pending [ ] Authorized [ ] Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	TRIA-02-08
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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This purpose of this filing is to submit the 2007 Terrorism Risk Insurance Act revision to comply with the Terrorism Risk Insurance Program Reauthorization Act of 2007. The attached TRIA endorsement form is the only one being submitted in this filing. This TRIA endorsement will be applicable to all General Fidelity Insurance Company Contractual Liability Policies previously filed and approved in your state.

If you need additional information, please contact me.

Regards,  
Leslie Bowar  
704-388-4423

<b>22.</b>	<b>Filing Fees</b> (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 #:**  
**Amount:**

**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.)**

PC TD-1 pg 2 of 2

## 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>TRIA-02-08</b>
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Policyholder Disclosure Notice of Terrorism Insurance Coverage	GFIC-CLP-TRIA-01 (02/08)	Replacement	GFIC-CLP- TRIA-00	GAPCLP-11- 06-F
02					
03					
04					
05					
06			[ ] New [ ] Replacement [ ] Withdrawn		
07			[ ] New [ ] Replacement [ ] Withdrawn		
08			[ ] New [ ] Replacement [ ] Withdrawn		
09			[ ] New [ ] Replacement [ ] Withdrawn		

PC FFS-1

**EXPEDITED FILING TRANSMITTAL DOCUMENT  
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

**This page applies to the following state(s)**

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
General Fidelity Insurance Company	SC	30007	33-0242848

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Leslie Bowar 201 N Tryon St, NC1-022-05-01 Charlotte, NC 28210	704-388-4423	704-387-1606	leslie.a.bowar@bankofamerica.com

**Filing information**

<b>Line of Insurance</b> (see attachment)	Other Liability
<b>Company Program Title</b> (Marketing title) (if applicable)	<b>Contractual Liability</b>
<b>Filing Type</b> ** see note below	Form - Endorsement
<b>This application is used with:</b>	All Contractual Liability Policies filed and approved in state of this filing
<b>Effective Date Requested</b>	3/1/08
<b>Filing date</b>	2/15/08
<b>Company Tracking Number</b>	
<b>Date filing approved in domiciliary state, if applicable</b>	Not approved yet. Filed on same date as this filing

	<u>Component/Form Name /Description/Synopsis</u>	<b>Form # or Rate Page Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # or rate page(s) it replaces</b>	<b>Previous State Filing Number, if required by state</b>
01	Policyholder Disclosure Notice of Terrorism <b>+</b>	GFIC-CLP-TRIA-01	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	GFIC-CLP-TRIA-00	GAPCLP-11-06-F
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Digitally signed by Leslie Bowar, DN: cn=Leslie Bowar, o=NBKG71K, ou=NBKG71K, email=Leslie.Bowar@nbkg.com, c=US, Date: 2008.02.14 17:14:22 -0500

Bowar Leslie NBKG71K  
Signature

Leslie Bowar

Print Name:

VP, Business Compliance Mgr

Title: