

SERFF Tracking Number: CNAC-125586190 State: Arkansas
First Filing Company: Continental Casualty Company, ... State Tracking Number: EFT \$100
Company Tracking Number: 08-F2217 HCF&PL GL
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Terrorism Risk Insurance Act End - HCF &PL
Project Name/Number: /08-F2217 HCF&PL GL

Filing at a Glance

Companies: Continental Casualty Company, Continental Insurance Company

Product Name: Terrorism Risk Insurance Act SERFF Tr Num: CNAC-125586190 State: Arkansas

End - HCF &PL

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$100

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 08-F2217 HCF&PL GL State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Robert Alonzo

Disposition Date: 04/02/2008

Date Submitted: 03/30/2008

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:

Status of Filing in Domicile:

Project Number: 08-F2217 HCF&PL GL

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/02/2008

State Status Changed: 04/02/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

On behalf of the above named Companies, we are submitting the attached:

- Terrorism Notice Forms G-144894, GSL3908;
- the Coverage And Cap On Losses From Certified Acts of Terrorism Endorsement GSL3842 and;
- the Exclusion of Certified Acts of Terrorism Endorsement GSL1099

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The Notice and Endorsements were developed to respond to and implement the requirements of the Terrorism Risk Insurance Re-Authorization Act.

Company and Contact

Filing Contact Information

Robert Alonzo, State Filing Analyst robert.alonzo@cna.com
 40 Wall Street (212) 440-3478 [Phone]
 New York, NY 10005 (212) 440-2877[FAX]

Filing Company Information

Continental Casualty Company CoCode: 20443 State of Domicile: Illinois
 40 Wall Street Group Code: 218 Company Type:
 9th Floor
 New York, NY 10005 Group Name: State ID Number:
 (212) 440-3478 ext. [Phone] FEIN Number: 36-2114545

Continental Insurance Company CoCode: 35289 State of Domicile: New Hampshire
 40 Wall Street Group Code: 218 Company Type:
 9th Floor
 New York, NY 10005 Group Name: State ID Number:
 (212) 440-3478 ext. [Phone] FEIN Number: 135010440

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Casualty Company	\$100.00	03/30/2008	19144522
Continental Insurance Company	\$0.00	03/30/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	04/02/2008	04/02/2008

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Disposition

Disposition Date: 04/02/2008

Effective Date (New):

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
Supporting Document	Cover letter	Approved	Yes
Form	Notice - Offer of Terrorism Coverage	Approved	Yes
Form	Notice - Disclosure of Premium	Approved	Yes
Form	Coverage & Cap on Losses From Certified Acts of Terrorism	Approved	Yes
Form	Exclusion of Certified Acts of Terrorism	Approved	Yes
Form	Notice 1 - Offer of Terrorism Coverage	Approved	Yes
	Notice - Disclosure of Premium		

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Notice - Offer of Terrorism Coverage Notice - Disclosure of Premium	G-144894-A	(1/08)	Disclosure/ Replaced Notice	Replaced Form #:0.00 G-144894-A (1/03) Previous Filing #:		G144894-A_012008_Notice.pdf
Approved	Coverage & Cap on Losses From Certified Acts of Terrorism	GSL3842	(1/08)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 G-144872-A (1/03) Previous Filing #:		GSL3842_012008_Coverage.pdf
Approved	Exclusion of Certified Acts of Terrorism	GSL1099	(1/08)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 G-144906-A (1/03) Previous Filing #:		GSL10099_012008_Exclusion.pdf
Approved	Notice 1 - Offer of Terrorism Coverage Notice - Disclosure of Premium	GSL3908	(1/08)	Disclosure/ Replaced Notice	Replaced Form #:0.00 G-144959-A (1/03) Previous Filing #:		GSL3908_012008_Notice.pdf



IMPORTANT INFORMATION

POLICYHOLDER DISCLOSURE

NOTICE – OFFER OF TERRORISM COVERAGE NOTICE – DISCLOSURE OF PREMIUM

THIS NOTICE DOES NOT FORM A PART OF YOUR POLICY, GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY

You are hereby notified that under the Terrorism Risk Insurance Act, as extended and reauthorized ("Act"), you have a right to purchase insurance coverage of losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, subject to all applicable policy provisions. The Terrorism Risk Insurance Act established a federal program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks.

This Notice is designed to alert you to coverage restrictions and to certain terrorism provisions in the policy. If there is any conflict between this Notice and the policy (including its endorsements), the provisions of the policy (including its endorsements) apply.

CHANGE IN THE DEFINITION OF A CERTIFIED ACT OF TERRORISM

The Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism. Originally the Act provides that to be certified an act of terrorism must cause losses of at least five million dollars and must have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest to coerce the government or population of the United States. However, the 2007 re-authorization of the Act no longer requires the act of terrorism to be committed by or on behalf of a foreign interest and certified acts of terrorism now encompass, for example, a terrorist act committed against the United States government by a United States citizen when the act is determined by the federal government to be "a certified act of terrorism".

In accordance with the Act, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program. The policy's other provisions, including nuclear, war or military action exclusions, will still apply to such an act. The premium charge for terrorism coverage is shown separately and is also included in the total premium.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

LIMITATION ON PAYMENT OF TERRORISM LOSSES (applies to policies which cover terrorism losses insured under the federal program, including those which only cover fire losses)

If aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.



Further, this coverage is subject to a limit on our liability, pursuant to the federal law where, if aggregate insured losses attributable to terrorist acts certified under the Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the 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.

If you want to purchase this coverage, you must pay \$_____Premium.

If you do not want to purchase this coverage, you must sign below and return this form to us at the address indicated below.

BY SIGNING BELOW, I AGREE THAT I AM REJECTING COVERAGE FOR LOSSES ARISING OUT OF CERTIFIED ACTS OF TERRORISM, AS DEFINED IN THE ACT. I UNDERSTAND THAT LOSSES ARISING FROM ACTS OF TERRORISM WILL BE EXCLUDED.

Applicant/Named Insured

Insurance Company

By: _____

Authorized Representative's Signature

Authorized Representative's Title

Date

Policy Number

Return the original form to us at the address below no later than _____.

We recommend that you keep a copy of this notice for your records.

[Insert CNA Producing Office Address]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COVERAGE AND CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM

Wherever used in this endorsement: 1) "We" means the insurer listed on the policy declarations page; and 2) "Your" means the Named Insured listed on the policy declarations page.

This endorsement modifies insurance provided under "your" policy.

In consideration of the premium charge of \$_____, it is agreed as follows:

This policy provides coverage for losses arising from "Certified Acts of Terrorism" subject to all other terms and conditions of this policy.

If aggregate insured losses attributable to terrorist acts certified under the federal 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.

"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 insured 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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
EXCLUSION OF CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided by your policy.

The policyholder has been previously notified of the availability of and the price for coverage of "Certified Acts of Terrorism" under the Federal Terrorism Risk Insurance Act. The policyholder has opted to exclude such coverage from the applicable Coverage Part. This endorsement excludes such "Certified Acts of Terrorism" from the applicable Coverage Part .

A. The following exclusion is added:

This insurance does not apply to:

TERRORISM

"Any injury or damage" arising, directly or indirectly, out of a "certified act of terrorism".

B. The following definitions are added:

1. For the purposes of this endorsement, "any injury or damage" means any injury or damage covered under any policy to which this endorsement is applicable, and includes but is not limited to "bodily injury", "property damage", and "personal and advertising injury".
2. "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 and its extensions. The federal Terrorism Risk Insurance Act and its extensions set forth the following criteria for a "certified act of terrorism":
 - a. The act resulted in aggregate losses in excess of \$5 million; and
 - b. 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.

IMPORTANT INFORMATION

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This Notice is designed to alert you to coverage restrictions and to certain terrorism provisions in the policy. If there is any conflict between this Notice and the policy (including its endorsements), the provisions of the policy (including its endorsements) apply.

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In accordance with the Act, we are required to offer you coverage for losses resulting from an act of terrorism that is certified under the federal program. The policy's other provisions, including nuclear, war or military action exclusions, will still apply to such an act. The premium charge for terrorism coverage for your policy is \$0.

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The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

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Company Tracking Number: 08-F2217 HCF&PL GL
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0001 Commercial General Liability
Product Name: Terrorism Risk Insurance Act End - HCF &PL
Project Name/Number: /08-F2217 HCF&PL GL

Rate Information

Rate data does NOT apply to filing.

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Product Name: Terrorism Risk Insurance Act End - HCF &PL
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 04/02/2008

Comments:

Attachment:

Tria Form Ar .pdf

Satisfied -Name: Cover letter

Review Status: Approved 04/02/2008

Comments:

Attachment:

AR #08-F2217 Cover Let .pdf

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

This page applies to the following state(s) AR

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 checked="" type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Continental Casualty Company	IL	20443	36-2114545
Continental Insurance Company	PA	35289	13-5010440

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Robert ALonzo 40 Wall Street New York, NY 10005	212-440-3478	212-440-2877	robert.alonzo@cna.com

Filing information

Line of Insurance (see attachment)	17. Other Liability
Company Program Title (Marketing title) (if applicable)	Terrorism Risk Insurance Act Endorsement - Healthcare Facilities & Premises Coverage Part - General Liability
Filing Type ** see note below	Form
This application is used with:	Healthcare Facilities Commercial & Premises Coverage Part - General Liability
Effective Date Requested	Earliest Possible
Filing date	3/29/2008
Company Tracking Number	08-F2217 HCF & PL GL
Date filing approved in domiciliary state, if applicable	Still pending

	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01	Notice – Offer of Terrorism Coverage Notice – Disclosure of Premium	G-144894-A (1-08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	G-144894-A (1-03)	
02	Coverage & Cap on Losses From Certified Acts of Terrorism	GSL3842 (108)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	G-144872-A (1-03)	
03	Exclusion of Certified Acts of Terrorism	GSL1099 (1-08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	G-144906-A (1-03)	
	Notice - Offer of Terrorism Coverage Notice - Disclosure of Premium	GSL3908 (1-08)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	G-144959-A (1-03)	

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.

Robert Alonzo
Signature

Robert Alonzo
Print Name:

State Filing Analyst
Title:



40 Wall Street – 9th Floor
New York, New York 10005

State Filing Analyst
P & C State Filing Unit
CNA Global Specialty Lines

March 29, 2008

Telephone 212-440-3478
Facsimile 212-440-2877
Toll Free 877-269-3277 x3478
Internet Robert.alonzo@cna.com

ARKANSAS INSURANCE DEPARTMENT
PROPERTY & CASUALTY DIVISION
1200 W 3RD ST
LITTLE ROCK AR 72201-1904

Re: **CONTINENTAL INSURANCE COMPANY NAIC #: 218-35289 FEIN #: 13-5010440**
CONTINENTAL CASUALTY COMPANY NAIC#:20443 FEIN#:36-2114545
General Liability Coverage
Terrorism Risk Insurance Act Notice and Endorsements
Our File: 08-F2217 HCF&PL GL

To Whom It May Concern:

On behalf of the above named Companies, we are submitting the attached:

- Terrorism Notice Forms G-144894, GSL3908;
- the Coverage And Cap On Losses From Certified Acts of Terrorism Endorsement GSL3842 and;
- the Exclusion of Certified Acts of Terrorism Endorsement GSL1099

The Notice and Endorsements were developed to respond to and implement the requirements of the Terrorism Risk Insurance Re-Authorization Act.

The following is a listing of the General Liability coverage forms used in conjunction with The Terrorism Notice Forms GSL144894 (01/08), the Coverage And Cap On Losses From Certified Acts of Terrorism Endorsement GSL3842 and, the Exclusion of Certified Acts of Terrorism Endorsement GSL1099 submitted under this filing.

CONTINENTAL CASUALTY COMPANY
CONTINENTAL INSURANCE COMPANY

Program Name	Form Number	CNA File #
Healthcare Facilities Commercial General Liability Coverage Form- Claims Made	G-145566-A	03-2024, 07-2181
Healthcare Facilities Commercial General Liability Coverage Form- Occurrence	G-145567-A	03-2024, 07-2181

The following General Liability coverage form will used notice form GSL3908, the Coverage And Cap On Losses From Certified Acts of Terrorism Endorsement GSL3842.

Premises Liability Coverage Part G-115707-A

1996-Doctors, 08-2206

Please note that these forms will replace any previous version of the Terrorism Notice Form, the Coverage And Cap On Losses From Certified Acts of Terrorism Endorsement and Certified Acts of Terrorism Exclusion currently on file.

Very truly yours,

Robert Alonzo

Robert Alonzo
State Filing Analyst