EXPEDITED FILING— COMMERCIAL LINES TERRORIST EXCLUSIONS APPLICATION

Ed. 6/1/04

This	page applies to the follow	wing state(s)						
			Department U	Department Use only				
			<u> </u>					
	Company Na	ame(s)	Domicile	e NAIC#	FEIN#			
Cont	act Info for Filer		I	I				
	Name and address	of Filer(s)	Telephone #	# FAX #	e-mail			
		. ,	Тегерионе	,				
Filina	g information							
`		1						
	of Insurance (see attachment) Dany Program Title (Marketin	a						
	(if applicable)	9						
Filing	Type ** see note below							
	application is used with:							
	tive Date Requested							
Filing	date Dany Tracking Number							
	filing approved in domiciliar	'V						
state	g upprorou uoou.	,						
		- m	1 = .	1.2				
	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	Form #) Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous State Filing Number, if required			
0.4			53 D 1		by state			
01			[] Replacement [] Withdrawn					
			[] Neither					
02			[] Replacement					
			[] Withdrawn					
		l	I [] 1 tornior	1	1			
To be	e complete, a form filing n	nust include the follo	owing:					
•	A completed Form Filir	ng Transmittal Docu	ment for each in	nsurer.				
•	One copy of each endor	_						
•	An executed Wisconsin		nliance					
•	A postage-paid, self-add	-	L	ccommodate the	return.			
		-	- g g					
The in	nsurer(s) submitting this filir	_						
	Using endorsements that p	provide coverage that	is at least as bro	ad as described in t	the bulletin.			
Signa	ture	Print Name:	 ;	Title:				
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COMPLETED SAMPLE FORM

EXPEDITED FILING—COMMERCIAL LINES TERRORIST EXCLUSIONS **APPLICATION**

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	s page applies to the folio	Departmen	nt Use o	only					
				- P					
	Company N	ame(s)		Domic	ile	NAIC # FEIN #		l #	
ABC	Insurance Company	NY	I	0000-9999		4567			
Con	tact Information for Filer	•							
	Name and address	of Filer(s)	Telephon	e #	FAX#	e-ma	ail	
John	Doe (Form Filing)	•	,	501-555-5		501-555-555			
Regu	latory Compliance								
_	Insurance Co.								
	5 Fifth Ave York, NY 10234								
	ng information			ļ.			Ļ		
	8			0 11:11:					
	of Insurance (see attachment)	aa titla)	General Liab	General Liability					
	npany Program Title (Marketii plicable)	General Liab	ility Program						
	g Type ** see note below	Form (Endorsement)							
	application is used with:	(Insert policy form number to which the application attaches)							
	ctive Date Requested	08-01-04 (Enter your desired effective date)							
	g date	(Date Company sends filing)							
	pany Tracking Number	ABC-EP-2004-01 (Enter your filing tracking number, if applicable) Not approved yet. Filed on same date as this filing.							
Date	filing approved in domicilia	ry state	Not approved	l yet. Filed on sa	me date	e as this filing.			
	Component/Form Name	Form #	\	Replacement	eplacement If replacement, Previous State				
	/Description/Synopsis		edition date	Or withdrawn		ive form #	Filing Number,		
					it	replaces	if required		
		99.01		530 1			by state		
01	Conditional Terrorism Coverage Limitation	CG 21 6	9 01 02	[] Replacement [] Withdrawn					
	Endorsement			[x] Neither					
02				[] Replacement					
				[] Withdrawn					
				[] Neither					
Tr 1	1	, .	1 1 41 6 11						
101	be complete, a form filing			_					
	 A completed Form Fili 	_		er for each in	surer.				
	 One copy of each endo 	rsement.							
	 An executed Wisconsin 	n Certific	cate of Comp	oliance.					
	 A postage-paid, self-ad 	ldressed	envelope lai	rge enough to	acco	mmodate tl	ie return.		
			•						
The	insurer(s) submitting this fili	ng certifi	es that it is:						
	□ Using endorsements that	provide o	coverage that	is at least as b	road	as described i	n the bulletin.		
<u></u>								-	
Signature		Print 1	nt Name:		Title	Title:			