

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

Ed. 6/1/04

This page applies to the following state(s) \_\_\_\_\_

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail

**Filing information**

<b>Line of Insurance</b> (see attachment)	
<b>Company Program Title</b> (Marketing title) (if applicable)	
<b>Filing Type ** see note below</b>	
<b>This application is used with:</b>	
<b>Effective Date Requested</b>	
<b>Filing date</b>	
<b>Company Tracking Number</b>	
<b>Date filing approved in domiciliary state</b>	

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	<b>Form #)</b> <b>Include edition date</b>	<b>Replacement</b> <b>Or withdrawn?</b>	<b>If replacement,</b> <b>give form #</b> <b>it replaces</b>	<b>Previous State</b> <b>Filing Number,</b> <b>if required</b> <b>by state</b>
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a form filing must include the following:

- A completed Form Filing Transmittal Document for each insurer.
- One copy of each endorsement.
- An executed Wisconsin Certificate of Compliance.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

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

- Using endorsements that provide coverage that is at least as broad as described in the bulletin.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Title:

