EXPEDITED FILING TRANSMITTAL DOCUMENT FOR TERRORISM RISK INSURANCE FORMS AND PRICING

Inis page applies to the following state(s) Indicate Type of Filing				Department Use only			
Filir	ng Related to Certified Losses			1	,		
	ng Related to Non-Certified Losses						
Filir	ng Applicable to Both Certified an	d Non-Certified Losses					
	Company Na	me(s)		Domicile	NAIC#	FEIN#	
Conta	ct Info for Filer						
Name and address of Filer(s)			Telephone #		FAX#	e-mail	
Filing	information						
	f Insurance (see attachment)						
Comp	any Program Title (Marketing tit	le)					
	licable)						
	Type ** see note below pplication is used with:						
	ive Date Requested						
Filing							
	any Tracking Number						
	iling approved in domiciliary sta	ite,					
if appl	licable						
	Component/Form Name	Form # or Rate Page	R	Replacement	If replacement,	Previous State	
	/Description/Synopsis	Include edition date	C	or withdrawn?	give form # or rate	Filing Number,	
					page(s) it replaces	if required	
01			Г	Replacement		by state	
01] Withdrawn			
] Neither			
02] Replacement			
] Withdrawn			
			L] Neither			
To be	complete, a filing must include the	o following:					
	A completed Expedited Filing		eac	h insurer or advise	ory organization.		
•	One copy of each endorsement					n advisory	
	organization authorization to f			, , ,		Ž	
•	For a non-certified loss filing,	a copy of the Wisconsin ce	rtifi	cate of compliance	e (section Ins 6.05, Wis.	Admin. Code)	
•	A copy of the rates, rating syst		enta	ation.			
•	The appropriate filing fees, if r						
•	A postage-paid, self-addressed	envelope large enough to	acc	commodate the r	eturn.		
The in	surer(s) submitting this filing certi	fies that it:					
		n the terms of the Terrorisn	n Ri	isk Insurance Act	of 2002 and the laws of t	this state: and	
		the requirements of the bu					
	r	1		2	y g		
					m: 1		
Signat	ure	Print Name:			Title:		

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	page applies to the following stat	e(s)		Dama	wtw.co.t I I co. co.l.			
	ate Type of Filing			Depa	rtment Use only			
	ing Related to Certified Losses							
□ F1I	ing Related to Non-Certified Losse	S	C +: C 11					
□ F1I	ing Applicable to Both Certified ar	nd Non	-Certified Losses					
	Company Na	ame(s)		Domicile	NAIC#	FEIN#		
ABC	Insurance Company			NY	0000-99999	99-1234567		
Cont	act Info for Filer							
	Name and address	of File	r(s)	Telephone #	FAX#	e-mail		
John Doe (Form Filing)				501-555-555		John.doe@abcins.con		
	latory Compliance							
	Insurance Co.							
1234	5 Fifth Ave							
	York, NY 10234							
	g information							
	of Insurance (see attachment)		Commercial Gener					
	pany Program Title (Marketing ti	tle)	General Liability P	rogram				
	plicable) g Type ** see note below		Form (Endorsemen	.4)				
	application is used with:				ha amuliaatian attaahaa)			
	* *			number to which the application attaches) ar desired effective date)				
	etive Date Requested		\		e date)			
	g date		(Date Company ser					
	pany Tracking Number			(Enter your filing tracking number, if applicable) Filed on same date as this filing.				
	filing approved in domiciliary st plicable	ate,	Not approved yet.	Filed on same date	as this filing.			
пар	лсаыс							
	Component/Form Name	For	rm # or Rate Page	Replacement	If replacement,	Previous State		
	755	Inc	lude edition date	Or withdrawn?	give form # or rate	Filing Number,		
	/Description/Synopsis							
	/Description/Synopsis				page(s) it replaces	if required		
					1 2	if required by state		
01	Certified Loss Exclusion	CC	G XX XX 12 02	[X] Replacement	List form number of	_		
01		CC	G XX XX 12 02	[] Withdrawn	List form number of previous terrorism	_		
		CC	G XX XX 12 02	[] Withdrawn [] Neither	List form number of	-		
01		CC	G XX XX 12 02	[] Withdrawn [] Neither [] Replacement	List form number of previous terrorism	_		
		CC	G XX XX 12 02	[] Withdrawn [] Neither	List form number of previous terrorism	_		
-		CC	G XX XX 12 02	[] Withdrawn [] Neither [] Replacement	List form number of previous terrorism	-		
02	Certified Loss Exclusion			[] Withdrawn [] Neither [] Replacement [] Withdrawn	List form number of previous terrorism	-		
02	Certified Loss Exclusion e complete, a filing must include th	e follo	wing:	[] Withdrawn [] Neither [] Replacement [] Withdrawn [] Neither	List form number of previous terrorism exclusion	_		
O2 To be	Certified Loss Exclusion e complete, a filing must include th A completed Expedited Filing	e follo	wing:	[] Withdrawn [] Neither [] Replacement [] Withdrawn [] Neither	List form number of previous terrorism exclusion	by state		
02 To be	Certified Loss Exclusion e complete, a filing must include th A completed Expedited Filing One copy of each endorsemen	e follo Trans t, disc	wing: mittal Document for e losure form or other p	[] Withdrawn [] Neither [] Replacement [] Withdrawn [] Neither	List form number of previous terrorism exclusion	by state		
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Disclosure Example:

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of 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 an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, 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. Coverage under your existing policy may be affected as follows:

ANY IN-FORCE TERRORISM **EXCLUSIONS** FOR ACTS OF TERRORISM, *AS DEFINED IN THE ACT*, ALREADY CONTAINED IN YOUR POLICY OR INCLUDED IN AN ENDORSEMENT ARE **NULLIFIED** AS OF NOVEMBER 26, 2002.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, THE UNITED STATES PAYS 90% 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 COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

UNDER FEDERAL LAW, YOU HAVE THIRTY (30) DAYS TO CONSIDER THIS OFFER OF COVERAGE FOR TERRORIST ACTS AND SUBMIT THE PREMIUM REQUIRED. IF WE DO NOT RECEIVE THE QUOTED PREMIUM BY ______, THE TERRORISM EXCLUSION NULLIFIED BY THE ACT WILL BE REINSTATED ON ______, AND YOU WILL NOT BE COVERED FOR LOSSES ARISING FROM TERRORIST ACTS THAT WERE PREVIOUSLY EXCLUDED.

I hereby elect to purchase Terrorism cove	I hereby elect to purchase Terrorism coverage for a prospective premium of \$							
	I hereby elect to have the exclusion for terrorism coverage reinstated. I understand that I will have no coverage for losses arising from acts of terrorism that were previously excluded.							
Policyholder/Applicant's Signature	Insurance Company							
Print Name	Policy Number							
Date								

Disclosure Example:

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is already included in your current policy. You should know that, effective
November 26, 2002, under your existing coverage, any losses caused by certified acts of terrorism would
be partially reimbursed by the United States under a formula established by federal law. Under this
ormula, the United States pays 90% of covered terrorism losses exceeding the statutorily established
leductible paid by the insurance company providing the coverage. The portion of your annual premium
hat is attributable to coverage for acts of terrorism is: \$
ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK
NSURANCE ACT OF 2002, ANY LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM UNDER
MY POLICY COVERAGE WILL BE PARTIALLY REIMBURSED BY THE UNITED STATES AND I HAVE BEEN NOTIFIED OF THE AMOUNT OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.
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Deliante del ante de Circatore
Policyholder/Applicant's Signature
Print Name
Date
Name of Insurer:
Policy Number: