

**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 # |
|-----------------|----------|--------|--------|
| | | | |

Contact Info for Filer

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

Filing information

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

| | <u>Component/Form Name</u> <u>Description/Synopsis</u> | <u>Form # or Rate Page</u> Include edition date | <u>Replacement</u> <u>Or withdrawn?</u> | <u>If replacement,</u> <u>give form # or rate</u> <u>page(s) it replaces</u> | <u>Previous State</u> <u>Filing Number,</u> <u>if required</u> <u>by state</u> |
|----|---|--|--|--|---|
| 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 Withdrawn 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 Withdrawn 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 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.

Signature _____

Print Name: _____

Title: _____

COMPLETED SAMPLE FORM

EXPEDITED FILING TRANSMITTAL DOCUMENT
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|---------------------|
| Department Use only |
| |

| Company Name(s) | Domicile | NAIC # | FEIN # |
|-----------------------|----------|------------|------------|
| ABC Insurance Company | NY | 0000-99999 | 99-1234567 |

Contact Info for Filer

| Name and address of Filer(s) | Telephone # | FAX # | e-mail |
|---|--------------|--------------|---------------------|
| John Doe (Form Filing) Regulatory Compliance ABC Insurance Co. 12345 Fifth Ave New York, NY 10234 | 501-555-5555 | 501-555-5551 | John.doe@abcins.com |

Filing information

| | |
|--|---|
| Line of Insurance (see attachment) | Commercial General Liability |
| Company Program Title (Marketing title) (if applicable) | General Liability Program |
| Filing Type ** see note below | Form (Endorsement) |
| This application is used with: | (Insert policy form number to which the application attaches) |
| Effective Date Requested | 01-01-07 (Enter your desired effective date) |
| Filing date | (Date Company sends filing) |
| Company Tracking Number | ABC-EP-2001-01 (Enter your filing tracking number, if applicable) |
| Date filing approved in domiciliary state, if applicable | Not approved yet. Filed on same date as this filing. |

| | Component/Form Name /Description/Synopsis | Form # or Rate Page Include edition date | Replacement Or withdrawn? | If replacement, give form # or rate page(s) it replaces | Previous State Filing Number, if required by state |
|----|---|--|---|---|--|
| 01 | Certified Loss Coverage Form | CG XX XX 12 02 | <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither | List form number of previous terrorism exclusion | |
| 02 | | | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither | | |

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