# EXPEDITED FILING— COMMERCIAL LINES TERRORIST EXCLUSIONS APPLICATION

Ed. 6/1/04

This	page	applies	to	the	follo	owing	state(	s)	
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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	

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 /Description/Synopsis	Form #) Include edition date	Replacement Or withdrawn?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			[] Withdrawn		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			[] Withdrawn		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

# COMPLETED SAMPLE FORM 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 #
ABC Insurance Company	NY	0000-99999	99-1234567

# **Contact Information for Filer**

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

#### **Filing information**

Line of Insurance (see attachment)	Commercial General Liability
<b>Company Program Title (</b> 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	08-01-04 (Enter your desired effective date)
Filing date	(Date Company sends filing)
Company Tracking Number	ABC-EP-2004-01 (Enter your filing tracking number, if applicable)
Date filing approved in domiciliary state	Not approved yet. Filed on same date as this filing.

	<u>Component/Form Name</u> /Description/Synopsis	Form #) Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous State Filing Number, if required by state
01	Conditional Terrorism	CG 21 69 01 02	[] Replacement		
	Coverage Limitation		[] Withdrawn		
	Endorsement		[x] Neither		
02			[] Replacement		
			[] Withdrawn		
			[] Neither		

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

- A completed Form Filing Transmittal Header 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.