Bulletin No. 08-001 January 15, 2008

# FILING PROCEDURES FOR COMPLIANCE WITH THE PROVISIONS OF THE TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007

This Bulletin Replaces Nevada Bulletin No. 06-001

# **Background**

In 2002, Congress enacted and the President signed into law, the Terrorism Risk Insurance Act of 2002 (TRIA). This federal law provides a federal backstop for defined acts of terrorism and imposes certain obligations on insurers. TRIA was extended for a two-year period covering Program Years 2006 and 2007. TRIA has now been extended for an additional seven years through December 31, 2014, with the enactment of the Terrorism Risk Insurance Program Reauthorization Extension Act of 2007 (2007 Extension). The 2007 Extension became effective January 1, 2008.

Several provisions of TRIA have changed in the 2007 Extension. The intent of this bulletin is to advise insurers of certain provisions of TRIA, as extended, that may require commercial insurers to submit filings in Nevada of disclosure notices, policy language and in the case of workers' compensation insurers, applicable rates.

### **Definitions and Clarifications**

One of the changes made to TRIA with the 2007 Extension is a revision to the definition of an act of terrorism that eliminates the requirement that an individual(s) that carry(ies) out an act of terrorism be acting on behalf of a foreign person or foreign interest. In short, this means that acts formerly referred to as "domestic" terrorism may now be certified as an act of terrorism under TRIA.

Section 102(1)(B) states, "No act shall be certified by the Secretary as an act of terrorism if—(i) the act is committed as part of the course of a war declared by the Congress, except that this clause shall not apply with respect to any coverage for workers' compensation; or (ii) property and casualty insurance losses resulting from the act, in the aggregate, do not exceed \$5,000,000." Section 102(1)(C) and (D) specify that the determinations are final and not subject

to judicial review and that the Secretary of the Treasury cannot delegate the determination to anyone.

TRIA, as amended, contains in Section 103(1)(B) a program trigger of \$100 million in aggregate industry insured losses resulting from a certified act of terrorism before federal reimbursement is triggered.

Nevada will not allow exclusions of coverage for acts of terrorism that fail to be *certified losses* solely because they fall below the \$5,000,000 threshold as stated in Section 102(1)(B) on any policy that provides coverage for acts of terrorism. Insurers may submit language containing coverage limitations for *certified losses* that exceed \$100 billion in the aggregate.

## **Submission of Rates**

#### Workers' Compensation

No rate filing is required unless an insurer plans to use a different loss cost multiplier than is currently on file for coverage for certified losses. If an insurer plans to use a different loss cost multiplier, an insurer must file the rate change 15 days prior to use with supporting documentation for the change.

# <u>Commercial Lines (Except Workers' Compensation)</u>

Commercial rates are deregulated in Nevada and, therefore, no rate filing is necessary for commercial lines. This does not apply to the insurance line of workers' compensation.

## **Submission of Policy Form Language and Disclosure Notices**

The 2007 Extension introduces a new disclosure requirement for any policy issued after the enactment. Specifically, in addition to other disclosure requirements previously contained in TRIA, insurers must now also provide clear and conspicuous disclosure to the policyholder of the existence of the \$100 billion cap under Section 103(e)(2), at the time of offer, purchase and renewal of the policy.

Commissioner Molasky-Arman requests that disclosure notices be filed with policy forms, as they are an integral part of the process for notification to policyholders in Nevada. The disclosure forms should be clear and not misleading to business owners and should comply with the requirements of TRIA, as amended, and be consistent with the policy language and rates, if applicable, filed by the insurer.

Insurers must file policy language that they intend to use for approval in Nevada. The policy should define *acts of terrorism* in ways that are consistent with TRIA, as amended, state law and the guidance provided in this bulletin. The definitions, terms and conditions should be complete and accurately describe the coverage that will be provided in the policy. Insurers may conclude that current filings are in compliance with TRIA, as amended, state law and the requirements of this bulletin. If so, these forms need not be refiled. However, if policy forms make a distinction between acts of a foreign person or foreign interest and a domestic person or domestic interest, it is likely that a filing is required.

In order to effectuate the January 1, 2008, implementation date of the 2007 Extension of TRIA, and to avoid disruption of the Nevada insurance market, Commissioner Molasky-Arman will allow insurers to implement the forms necessary to comply with TRIA, as amended, subject to later review and approval by the Nevada Division of Insurance (Division). The forms must be filed with the Division for approval no later than 10 days after implementation of the form or policy. This accommodation will expire April 1, 2008, and all forms will require prior approval before use after that date. Insurance Services Office (ISO) and National Council of Compensation Insurance (NCCI) forms have been approved for use in Nevada. An insurer only needs to submit a form, policy or disclosure form that differs from these approved Rate Service Organization forms.

To expedite the filing process, insurers should complete the attached Expedited Filing Transmittal Document for Terrorism Risk Insurance Forms and Pricing, and certify on the form that it is in compliance with the terms of the 2007 Extension of TRIA and the laws of the state of Nevada. Completion of the Expedited Filing Transmittal will relieve an insurer from having to complete the Property & Casualty Transmittal Document normally required to accompany filings. This expedited process will expire April 1, 2008, and all filing submittals after that date will require the Property & Casualty Transmittal Document.

The Division of Insurance encourages filers to take advantage of the SERFF system for submitting such filings. Please use the notation "TRIPRA" as the first six letters under "Project Name" so that these filings may be easily identified and expedited for review.

## **Effective Date**

This bulletin shall take immediate effect and shall expire on December 31, 2014, unless Congress extends the duration of TRIA or unless noted otherwise in this Bulletin.

ALICE A. MOLASKY-ARMAN Commissioner of Insurance

# EXPEDITED FILING TRANSMITTAL DOCUMENT FOR TERRORISM RISK INSURANCE FORMS AND PRICING

	ge applies to the following state	e(s)	_			
Indicate Type of Filing  i Filing Related to Certified Losses			Department	Department Use only		
	g Related to <i>Non-Certified Losses</i> g Applicable to Both Certified an					
Losses	g Applicable to both Certified an	a Non-Certified				
Losses						
	Company Name(s)			NAIC #	FEIN#	
Contact	t Info for Filer					
	Name and address	of Filer(s)	Telephone #	FAX#	e-mail	
		. ,	•			
Filing in	nformation					
Line of	f Insurance (see attachment)					
Compa	any Program Title (Marketing					
	f applicable)					
	Type ** see note below pplication is used with:					
	ve Date Requested					
Filing						
	any Tracking Number					
	ling approved in domiciliary	,				
	if applicable					
		Form # or Rate Page	Renlacement	If replacement	Previous State	
	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	
	Component/Form Name		Or withdrawn?	give form # or rate	Filing Number, if required	
state, it	Component/Form Name		Or withdrawn?  [] Replacement [] Withdrawn	give form # or rate	Filing Number, if required	
state, it	Component/Form Name		Or withdrawn?	give form # or rate	Filing Number, if required	
otate, in	Component/Form Name		Or withdrawn?  [] Replacement [] Withdrawn [] Neither [] Replacement [] Withdrawn	give form # or rate	Filing Number, if required	
state, it	Component/Form Name		Or withdrawn?  [] Replacement [] Withdrawn [] Neither [] Replacement	give form # or rate	Filing Number, if required	
01 02	Component/Form Name /Description/Synopsis  omplete, a filing must include the A completed Expedited Filing One copy of each endorsement	Include edition date  e following: Transmittal Document for e	[] Replacement [] Withdrawn [] Neither [] Replacement [] Withdrawn [] Withdrawn [] Neither	give form # or rate page(s) it replaces  ry organization.	Filing Number, if required by state	
01 02 To be co	Component/Form Name /Description/Synopsis  omplete, a filing must include the A completed Expedited Filing One copy of each endorsement organization authorization to fi	e following: Transmittal Document for et, disclosure form or other polle them on its behalf.	[ ] Replacement [ ] Withdrawn [ ] Neither [ ] Replacement [ ] Withdrawn [ ] Withdrawn [ ] Neither  ach insurer or advisorblicy language, unless	give form # or rate page(s) it replaces  ry organization.	Filing Number, if required by state	
O1 O2 To be co	Component/Form Name /Description/Synopsis  omplete, a filing must include the A completed Expedited Filing One copy of each endorsement organization authorization to f. A copy of the rates, rating syst	e following: Transmittal Document for et, disclosure form or other polle them on its behalf. ems and supporting docume	[ ] Replacement [ ] Withdrawn [ ] Neither [ ] Replacement [ ] Withdrawn [ ] Withdrawn [ ] Neither  ach insurer or advisorblicy language, unless	give form # or rate page(s) it replaces  ry organization.	Filing Number, if required by state	
01 02 To be co	Component/Form Name /Description/Synopsis  omplete, a filing must include the A completed Expedited Filing One copy of each endorsement organization authorization to f. A copy of the rates, rating syst. The appropriate filing fees, if I	e following: Transmittal Document for et, disclosure form or other pale them on its behalf. ems and supporting docume required	[ ] Replacement [ ] Withdrawn [ ] Neither [ ] Replacement [ ] Withdrawn [ ] Withdrawn [ ] Neither  ach insurer or advisorblicy language, unlessentation.	give form # or rate page(s) it replaces  ry organization. s the insurer has given an	Filing Number, if required by state	
O1 O2 To be co	Component/Form Name /Description/Synopsis  omplete, a filing must include the A completed Expedited Filing One copy of each endorsement organization authorization to f. A copy of the rates, rating syst	e following: Transmittal Document for et, disclosure form or other pale them on its behalf. ems and supporting docume required	[ ] Replacement [ ] Withdrawn [ ] Neither [ ] Replacement [ ] Withdrawn [ ] Withdrawn [ ] Neither  ach insurer or advisorblicy language, unlessentation.	give form # or rate page(s) it replaces  ry organization. s the insurer has given an	Filing Number, if required by state	
01 02 To be co	Component/Form Name /Description/Synopsis  omplete, a filing must include the A completed Expedited Filing One copy of each endorsement organization authorization to f A copy of the rates, rating syst The appropriate filing fees, if I A postage-paid, self-addressed urer(s) submitting this filing certification.	e following: Transmittal Document for et, disclosure form or other police them on its behalf. ems and supporting docume equired envelope large enough to a fies that it:	[ ] Replacement [ ] Withdrawn [ ] Neither [ ] Replacement [ ] Withdrawn [ ] Withdrawn [ ] Neither  ach insurer or advisor olicy language, unlessentation.	give form # or rate page(s) it replaces  ry organization. s the insurer has given an	Filing Number, if required by state	
01 02 To be co	Component/Form Name /Description/Synopsis  omplete, a filing must include the A completed Expedited Filing One copy of each endorsement organization authorization to fraction authorization to fraction authorization for A copy of the rates, rating system The appropriate filing fees, if a postage-paid, self-addressed surer(s) submitting this filing certiful is in compliance with the term	e following: Transmittal Document for et, disclosure form or other police them on its behalf. ems and supporting docume required envelope large enough to a fies that it: s of the Terrorism Risk Insu	[ ] Replacement [ ] Withdrawn [ ] Neither [ ] Replacement [ ] Withdrawn [ ] Neither  ach insurer or advisor olicy language, unlessed in the commodate the research as a mender of the commodate the co	give form # or rate page(s) it replaces  ry organization. s the insurer has given an eturn.  ed, and the laws of this sta	Filing Number, if required by state  advisory	
To be co	Component/Form Name /Description/Synopsis  omplete, a filing must include the A completed Expedited Filing One copy of each endorsement organization authorization to f A copy of the rates, rating syst The appropriate filing fees, if I A postage-paid, self-addressed urer(s) submitting this filing certification.	e following: Transmittal Document for et, disclosure form or other police them on its behalf. ems and supporting docume required envelope large enough to a fies that it: s of the Terrorism Risk Insu	[ ] Replacement [ ] Withdrawn [ ] Neither [ ] Replacement [ ] Withdrawn [ ] Neither  ach insurer or advisor olicy language, unlessed in the commodate the research as a mender of the commodate the co	give form # or rate page(s) it replaces  ry organization. s the insurer has given an eturn.  ed, and the laws of this sta	Filing Number, if required by state  advisory	
To be co	Component/Form Name /Description/Synopsis  omplete, a filing must include the A completed Expedited Filing One copy of each endorsement organization authorization to fraction authorization to fraction authorization for A copy of the rates, rating system The appropriate filing fees, if a postage-paid, self-addressed surer(s) submitting this filing certiful is in compliance with the term	e following: Transmittal Document for et, disclosure form or other police them on its behalf. ems and supporting docume required envelope large enough to a fies that it: s of the Terrorism Risk Insu	[ ] Replacement [ ] Withdrawn [ ] Neither [ ] Replacement [ ] Withdrawn [ ] Neither  ach insurer or advisor olicy language, unless on the commodate the research are accommodate the research are some of the commodate the	give form # or rate page(s) it replaces  ry organization. s the insurer has given an eturn.  ed, and the laws of this sta	Filing Number, if required by state  advisory	