

SERFF Tracking Number: CHUB-125329119 State: Arkansas
Filing Company: Federal Insurance Company State Tracking Number: AR-PC-07-026603
Company Tracking Number: DO AR0037910F01
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability
Product Name: Health Care Portfolio
Project Name/Number: Separate Defense Costs Endorsements/00379

Filing at a Glance

Company: Federal Insurance Company

Product Name: Health Care Portfolio

TOI: 17.1 Other Liability - Claims Made Only

Sub-TOI: 17.1006 Directors & Officers Liability

Filing Type: Form

SERFF Tr Num: CHUB-125329119 State: Arkansas

SERFF Status: Closed

Co Tr Num: DO AR0037910F01

Co Status:

Authors: Donna Daigle, Lois

Schroeder, Christina Cresenzi

Date Submitted: 10/30/2007

State Tr Num: AR-PC-07-026603

State Status:

Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding

Disposition Date: 10/31/2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

Effective Date (New):

Effective Date (Renewal):

General Information

Project Name: Separate Defense Costs Endorsements

Project Number: 00379

Reference Organization: NA

Reference Title: NA

Filing Status Changed: 10/31/2007

State Status Changed: 10/31/2007

Corresponding Filing Tracking Number:

Filing Description:

In accordance with the laws of the state of Arkansas, we are making this Form filing for our program called Health Care Portfolio. This product was approved by the Department effective September 22, 2004 under our filing designation number DO AR0023101F01.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: NA

Advisory Org. Circular: NA

Deemer Date:

The endorsements are optional and premium bearing. A corresponding Rating page is being filed under DO AR0037910R01. Enclosed are the following: Required State Forms (if applicable) Forms listing and forms

Company and Contact

SERFF Tracking Number: CHUB-125329119 State: Arkansas
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 Product Name: Health Care Portfolio
 Project Name/Number: Separate Defense Costs Endorsements/00379

Filing Contact Information

Donna Daigle, State Filing Analyst ddaigle@chubb.com
 82 Hopmeadow Street (800) 464-7965 [Phone]
 Simsbury, CT 06070-7683 (860) 408-2047[FAX]

Filing Company Information

Federal Insurance Company CoCode: 20281 State of Domicile: Indiana
 202 Hall's Mill Road Group Code: 38 Company Type:
 P.O. Box 1650
 Whitehouse Station, NJ 08889-1650 Group Name: State ID Number:
 (908) 572-4726 ext. [Phone] FEIN Number: 13-1963496

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 50.00 flat
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federal Insurance Company	\$0.00	10/30/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
00365340	\$50.00	10/23/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/31/2007	10/31/2007

SERFF Tracking Number: CHUB-125329119 *State:* Arkansas
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TOI: 17.1 Other Liability - Claims Made Only *Sub-TOI:* 17.1006 Directors & Officers Liability
Product Name: Health Care Portfolio
Project Name/Number: Separate Defense Costs Endorsements/00379

Disposition

Disposition Date: 10/31/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CHUB-125329119 State: Arkansas
 Filing Company: Federal Insurance Company State Tracking Number: AR-PC-07-026603
 Company Tracking Number: DO AR0037910F01
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability
 Product Name: Health Care Portfolio
 Project Name/Number: Separate Defense Costs Endorsements/00379

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Separate Defense Costs Limit Endorsement (One Separate Limit for each Liability Coverage Section Purchased, Applies to all Liability Coverage Sections Purchased)	Approved	Yes
Form	Separate Defense Costs Limit Endorsement (One Separate Limit for all Liability Coverage Sections Purchased)	Approved	Yes
Form	Additional Limit of Liability Dedicated for Executives Endorsement	Approved	Yes

SERFF Tracking Number: CHUB-125329119 State: Arkansas
 Filing Company: Federal Insurance Company State Tracking Number: AR-PC-07-026603
 Company Tracking Number: DO AR0037910F01
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability
 Product Name: Health Care Portfolio
 Project Name/Number: Separate Defense Costs Endorsements/00379

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Separate Defense Costs Limit Endorsement (One Separate Limit for each Liability Coverage Section Purchased, Applies to all Liability Coverage Sections Purchased)	14-02-13214	06/2007	Endorsement/Amendment/Conditions New		0.00	14-02-13214.pdf
Approved	Separate Defense Costs Limit Endorsement (One Separate Limit for all Liability Coverage Sections Purchased)	14-02-13215	06/2007	Endorsement/Amendment/Conditions New		0.00	14-02-13215.pdf
Approved	Additional Liability Dedicated for Executives Endorsement	14-02-13538	10/2007	Endorsement/Amendment/Conditions New		0.00	14-02-13538.pdf

ENDORSEMENT/RIDER

<COVSECT>

Effective date of
this endorsement/rider: <TRXEFFDATE>

<CARRNAME>

Endorsement/Rider No. <EN>

To be attached to and
form a part of Policy No. <POLICYNO>

Issued to: <ACCTNAME>

SEPARATE DEFENSE COSTS LIMIT ENDORSEMENT
(One Separate Limit For Each Liability Coverage Section Purchased,
Applies To All Liability Coverage Sections Purchased)

In consideration of the premium charged, it is agreed that:

- (1) Subsection 4, Limits of Liability and Retentions, of these General Terms and Conditions is amended to include the following:

A single additional limit of liability applicable only to **Defense Costs** (a "Separate Defense Costs Limit") shall be provided for each Liability Coverage Section that has been purchased as indicated in Item 3 of the Declarations of these General Terms and Conditions. The amount of each Separate Defense Costs Limit shall be <NUMBERWORD> dollars (<NUMBER>), and the Separate Defense Costs Limit applicable to any Liability Coverage Section shall be in addition to, and not part of, the maximum aggregate Limit of Liability for all **Claims** each **Policy Period** otherwise applicable to that Liability Coverage Section as shown in Item 2 of the Declarations thereof. The Separate Defense Costs Limit provided for any Liability Coverage Section may not be applied to **Defense Costs** incurred under any other Liability Coverage Section. Payment of **Defense Costs** by the Company under any Liability Coverage Section shall first reduce the Separate Defense Costs Limit applicable to that Liability Coverage Section and, if the Separate Defense Costs Limit is exhausted, any further payment of **Defense Costs** by the Company under the same Liability Coverage Section shall thereafter reduce, and may exhaust, the Limit of Liability set forth in Item 2 of the Declarations thereof. In no event shall the Company be obligated to pay **Defense Costs** or other **Loss** under any Liability Coverage Section after the Limit of Liability shown in Item 2 of the Declarations of such Liability Coverage Section is exhausted.

- (2) For the purposes of this endorsement, "Liability Coverage Section" means the (i) Executive Liability, Entity Liability and Employment Practices Liability Coverage Section, (ii) Fiduciary Liability Coverage Section, and (iii) Outside Directorship Liability Coverage Section, of this policy.
- (3) Subsection 9(c) and Item 3(D) of the Fiduciary Liability Coverage Section are deleted in their entirety.

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.

<ENDSIG>

Authorized Representative

ENDORSEMENT/RIDER

<COVSECT>

Effective date of
this endorsement/rider: <TRXEFFDATE>

<CARRNAME>

Endorsement/Rider No. <EN>

To be attached to and
form a part of Policy No. <POLICYNO>

Issued to: <ACCTNAME>

SEPARATE DEFENSE COSTS LIMIT ENDORSEMENT (One Separate Limit For All Liability Coverage Sections Purchased)

In consideration of the premium charged, it is agreed that:

- (1) Subsection 4, Limits of Liability and Retentions, of these General Terms and Conditions is amended to include the following:

One single additional limit of liability applicable only to **Defense Costs** (a "Separate Defense Costs Limit") shall be provided for all Liability Coverage Sections that have been purchased as indicated in Item 3 of the Declarations of these General Terms and Conditions. The amount of the Separate Defense Costs Limit shall be <NUMBERWORD> dollars (<NUMBER>), and the Separate Defense Costs Limit applicable to all Liability Coverage Sections shall be in addition to, and not part of, the maximum aggregate Limit of Liability for all **Claims** each **Policy Period** otherwise applicable to the appropriate Liability Coverage Section as shown in Item 2 of the Declarations thereof. The Separate Defense Costs Limit is applicable to all Liability Coverage Sections purchased and payment of the Separate Defense Costs Limit pursuant to one Liability Coverage Section shall reduce the amount of the Separate Defense Costs Limit available to all other Liability Coverage Sections. Payment of **Defense Costs** by the Company under any Liability Coverage Section shall first reduce the Separate Defense Costs Limit, and, if the Separate Defense Costs Limit is exhausted, any further payment of **Defense Costs** by the Company under such Liability Coverage Section shall thereafter reduce, and may exhaust, the Limit of Liability set forth in Item 2 of the Declarations thereof. In no event shall the Company be obligated to pay **Defense Costs** or other **Loss** under any Liability Coverage Section after the Limit of Liability shown in Item 2 of the Declarations of such Liability Coverage Section is exhausted.

- (2) For the purposes of this endorsement, "Liability Coverage Section" means the (i) Executive Liability, Entity Liability and Employment Practices Liability Coverage Section, (ii) Fiduciary Liability Coverage Section, and (iii) Outside Directorship Liability Coverage Section, of this policy.
- (3) Subsection 9(c) and Item 3(D) of the Fiduciary Liability Coverage Section are deleted in their entirety.

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.

<ENDSIG>

Authorized Representative

ENDORSEMENT/RIDER

<COVSECT>

Effective date of
this endorsement/rider: <TRXEFFDATE>

<CARRNAME>

Endorsement/Rider No. <EN>

To be attached to and
form a part of Policy No. <POLICYNO>

Issued to: <ACCTNAME>

ADDITIONAL LIMIT OF LIABILITY DEDICATED FOR EXECUTIVES ENDORSEMENT

In consideration of the premium charged, it is agreed that:

- (1) Notwithstanding anything in this Policy to the contrary, the Additional Limit of Liability Dedicated For Executives, shall be an additional Limit of Liability in an amount not to exceed \$500,000, which amount is in addition to and not part of the Limit of Liability as set forth in Item 2(A) of the Declarations of this coverage section.
- (2) This Additional Limit of Liability Dedicated For Executives is available solely for **Loss** resulting from any **D&O Claim** against any Executive covered under Insuring Clause (1) of this coverage section.
- (3) The Additional Limit of Liability Dedicated For Executives shall be excess of any insurance available that is specifically excess to this policy and such excess insurance must be completely exhausted by payment of loss, damages or defense costs thereunder before the Company shall have any obligation to make any payment on account of the Additional Limit of Liability Dedicated For Executives.
- (4) Solely for the purposes of this endorsement, the term Executive means any natural person who was, now is or shall become:
 - (a) a duly elected or appointed director, officer, trustee, trustee emeritus, **Manager** or the in-house general counsel of any **Organization** chartered in the United States of America; or
 - (b) a holder of a position equivalent to any position described in (a) above in an **Organization** chartered in any other jurisdiction other than the United States of America.

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this Policy shall remain unchanged.

<ENDSIG>

Authorized Representative

SERFF Tracking Number: CHUB-125329119 *State:* Arkansas
Filing Company: Federal Insurance Company *State Tracking Number:* AR-PC-07-026603
Company Tracking Number: DO AR0037910F01
TOI: 17.1 Other Liability - Claims Made Only *Sub-TOI:* 17.1006 Directors & Officers Liability
Product Name: Health Care Portfolio
Project Name/Number: Separate Defense Costs Endorsements/00379

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CHUB-125329119 State: Arkansas
Filing Company: Federal Insurance Company State Tracking Number: AR-PC-07-026603
Company Tracking Number: DO AR0037910F01
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1006 Directors & Officers Liability
Product Name: Health Care Portfolio
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:

Approved 10/31/2007

Comments:

Attachments:

AR P&C trans 379.pdf

AR filing schedule 379.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

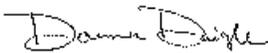
3. Group Name	Group NAIC #
Chubb Group of Insurance Companies	0038

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Federal Insurance Company	IN	20281	13-1963496	

5. Company Tracking Number	DO AR0037910F01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Donna M. Daigle 82 Hopmeadow St., P.O. Box 2002 Simsbury CT 06070-7683	State Filings Analyst	800-464-7965	860-408-2047	ddaigle@chubb.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Donna M. Daigle

Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	17.0000
10.	Sub-Type of Insurance (Sub-TOI)	17.0006
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Health Care Portfolio
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> X Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: Upon approval Renewal:
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	10/30/07
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	DO AR0037910F01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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In accordance with the laws of the state of Arkansas, we are making this Form filing for our program called Health Care Portfolio. This product was approved by the Department effective September 22, 2004 under our filing designation number DO AR0023101F01.

The endorsements are optional and premium bearing.

A corresponding Rating page is being filed under DO AR0037910R01.

Enclosed are the following:
Required State Forms (if applicable)
Forms listing and forms

SERFF Tracking # CHUB-125329119

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
	Check #: 00365340 Amount: 50.00
	Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	DO AR0037910F01
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2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	DO AR0037910R01
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Separate Defense Costs Limit Endorsement (One Separate Limit for Each Liability Coverage Section Purchased Applies to all Liability Coverage Sections Purchased)	14-02-13214 (06/2007)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Separate Defense Costs Limit Endorsement (One Separate Limit for all Liability Coverage Sections Purchased)	14-02-13215 (06/2007)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Additional Limit of Liability Dedicated for Executives Endorsement	14-02-13538 (10/2007)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		