

SERFF Tracking Number: PHLX-125323212 State: Arkansas
Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: AR-PC-07-026430
Company Tracking Number: ML AR0031002F01
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Interline
Project Name/Number: Interline/ML AR0031002F01

Filing at a Glance

Company: Philadelphia Indemnity Insurance Company

Product Name: Interline SERFF Tr Num: PHLX-125323212 State: Arkansas
TOI: 35.0 Interline Filings SERFF Status: Closed State Tr Num: AR-PC-07-026430
Sub-TOI: 35.0002 Commercial Interline Filings Co Tr Num: ML AR0031002F01 State Status:
Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: SPI PhiladelphiaIndemnity Disposition Date: 10/17/2007
Date Submitted: 10/12/2007 Disposition Status: Approved
Effective Date Requested (New): 12/01/2007 Effective Date (New): 12/01/2007
Effective Date Requested (Renewal): Effective Date (Renewal):
12/01/2007

General Information

Project Name: Interline Status of Filing in Domicile:
Project Number: ML AR0031002F01 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 10/17/2007
State Status Changed: 10/15/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

The Philadelphia Indemnity Insurance Company submits for your review a revised version of its Bell Endorsement PI-BELL-1 (09/07) and a new endorsement PI-CME-1 (08/07) Crisis Management Enhancement Endorsement.

Company and Contact

Filing Contact Information

Diane Quarles, Compliance Analyst
One Bala Plaza (610) 617-7751 [Phone]
Bala Cynwyd, PA 19004 (866) 478-1433[FAX]

SERFF Tracking Number: PHLX-125323212 State: Arkansas
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Project Name/Number: Interline/ML AR0031002F01

Filing Company Information

Philadelphia Indemnity Insurance Company CoCode: 18058 State of Domicile: Pennsylvania
One Bala Plaza Group Code: 677 Company Type:
Suite 100
Bala Cynwyd, PA 19004 Group Name: Philadelphia Insurance Companies State ID Number:
(610) 617-7900 ext. [Phone] FEIN Number: 231738402

SERFF Tracking Number: PHLX-125323212 State: Arkansas
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Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
42262	\$50.00	10/09/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/17/2007	10/17/2007

SERFF Tracking Number: *PHLX-125323212* *State:* *Arkansas*
Filing Company: *Philadelphia Indemnity Insurance Company* *State Tracking Number:* *AR-PC-07-026430*
Company Tracking Number: *ML AR0031002F01*
TOI: *35.0 Interline Filings* *Sub-TOI:* *35.0002 Commercial Interline Filings*
Product Name: *Interline*
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Disposition

Disposition Date: 10/17/2007

Effective Date (New): 12/01/2007

Effective Date (Renewal): 12/01/2007

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

SERFF Tracking Number: PHLX-125323212 State: Arkansas
 Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: AR-PC-07-026430
 Company Tracking Number: ML AR0031002F01
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter, Filing Memorandum, Bell Comparison	Approved	Yes
Form	BELL ENDORSEMENT	Approved	Yes
Form	CRISIS MANAGEMENT ENHANCEMENT ENDORSEMENT	Approved	Yes

SERFF Tracking Number: PHLX-125323212 State: Arkansas
 Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: AR-PC-07-026430
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 TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	BELL ENDORSEMENT	PI-BELL-1	(09/07)	Other	Replaced	Replaced Form #:0.00 PI-BELL-1 Previous Filing #: AR-PC-06- 019148		PI-BELL-1 .PDF
Approved	CRISIS MANAGEMENT ENHANCEMENT ENDORSEMENT	PI-CME-1	(08/07)	Other	New		0.00	PI-CME-1 .PDF

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BELL ENDORSEMENT



Unless otherwise stated herein, the terms, conditions, exclusions and other limitations set forth in this endorsement are solely applicable to coverage afforded by this endorsement, and the policy is amended as follows:

I. SCHEDULE OF ADDITIONAL COVERAGES AND LIMITS

The following is a summary of Limits of Insurance or Liability and/or additional coverages provided by this endorsement. This endorsement is subject to the provisions of the policy to which it is attached.

Identity Theft Expense	\$25,000
Terrorism Travel Reimbursement	\$25,000
Emergency Real Estate Consulting Fee	\$25,000
Temporary Meeting Space Reimbursement	\$25,000
Workplace Violence Counseling	\$25,000
Kidnap Expense	\$50,000
Key Individual Replacement Expenses	\$50,000
Image Restoration and Counseling	\$25,000
Donation Assurance	\$25,000
Business Travel	\$25,000

II. CONDITIONS

A. Applicability of Coverage

Coverage provided by your policy and any endorsements attached thereto is amended by this endorsement where applicable.

B. Limits of Liability or Limits of Insurance

1. When coverage is provided by this endorsement and another coverage form or endorsement attached to this policy, the greater limit of Limits of Liability or Limits of Insurance will apply. In no instance will multiple limits apply to coverages which may be duplicated within this policy.

Additionally, If this policy and any other coverage part or policy issued to you by us, or any company affiliated with us, apply to the same occurrence, offense, wrongful act, accident or loss, the maximum Limits of Liability or Limit of Insurance under all such coverage parts or policies combined shall not exceed the highest applicable Limits of Liability or Limit of Insurance under any one coverage part or policy.

2. Limits of Liability or Limits of Insurance identified in Clause I. above are not excess of, but are in addition to the applicable Limits of Insurance stated in the Declarations.

C. Claim Expenses

Coverages provided herein are not applicable to the generation of claim adjustment costs by you; such as fees you may incur by retaining a public adjuster or appraiser.

III. ADDITIONAL COVERAGES

A. Identity Theft Expense

We will reimburse any present Director or Officer of the Named Insured, for "Identity Theft Expenses" incurred as the direct result of any "Identity Theft" first discovered and reported during the policy period; provided that it began to occur subsequent to the effective date of the Insured's first policy with the Company. The limit for this coverage will be \$25,000 per policy period for all Insureds combined. No deductible applies to this coverage.

B. Terrorism Travel Reimbursement

The Company will reimburse any present Director or Officer of the Named Insured in the event of a "Certified Act of Terrorism" during the policy period which necessitates that he/she incurs "Emergency Travel Expenses." The limit for this coverage will be \$25,000 per policy period for all Insureds combined. No deductible applies to this coverage.

C. Emergency Real Estate Consulting Fee

The Company will reimburse the Insured any realtor's fee or real estate consultant's fee necessitated by the Insured's need to relocate due to the "Unforeseeable destruction" of the Insured's principal location listed on the Declarations page during the policy period. The limit for this coverage will be \$25,000 per policy period for all Insureds combined. No deductible applies to this coverage.

D. Temporary Meeting Space Reimbursement

The Company will reimburse the Insured for rental of meeting space which is necessitated by the temporary unavailability of the Insured's primary office space due to the failure of a climate control system, or leakage of a hot water heater during the policy period. Coverage will exist only for the renting of temporary meeting space required for meeting with parties who are not insured under this policy. The limit for this coverage will be \$25,000 per policy period for all Insureds combined. No deductible applies to this coverage.

E. Workplace Violence Counseling

In the event that an incidence of "workplace violence" occurs at any of the Insured's premises during the policy period, the Company will reimburse the Insured for expenses incurred for the emotional counseling of employees of the Insured, during the policy period. The limit for this coverage will be \$25,000 per policy period for all Insureds combined. No deductible applies to this coverage.

F. Kidnap Expense

The Company will pay on behalf of any Officer or Director of the Insured, reasonable fees incurred as a result of the kidnapping of them or their spouse, "domestic partner", parent or child during the policy period, subject to a limit of \$50,000 each policy period, but not subject to any deductible. Coverage will not apply to any kidnapping by or at the direction of any present or former family member of the victim.

Reasonable fees will include:

1. fees and expenses of an independent negotiator or consultant retained with prior approval of the Company;
2. interest on any loan taken by the Named Insured to pay Damages covered under this policy; provided, however, that the Company shall not be liable for any interest accruing prior to thirty (30) days preceding the date of such payment, nor subsequent to the date of reimbursement from the Company for any portion of damages recoverable under this policy;
3. costs of travel and accommodations incurred by the Named Insured which become necessary due to the applicable kidnapping;
4. the reward paid by the Named Insured, which is pre-approved by the Company, to an informant for information not otherwise available which leads to the arrest and conviction of persons responsible for any damages under this policy; and
5. current salary to an Officer or Director of the Insured who is kidnapped; provided, however, that the employee shall be held for more than thirty (30) days. Salary shall be paid for a period commencing upon abduction and ceasing upon the earliest of either the release of the employee or discovery of the death of the employee, or 120 days after the Company receives the last credible evidence that the employee is still alive, or twelve (12) months after the date of kidnapping, or the exhaustion of the kidnap expense limit, whichever comes first.

G. Key Individual Replacement Expenses

The Company will pay "Key Individual Replacement Expenses" if the Chief Executive Officer or Executive Director suffers an "injury" during the policy period which results in the loss of life during the policy period. The "Key Individual Replacement Expenses" amount shall be the lesser of \$50,000 or ten (10) times the annual premium paid for this policy. No deductible applies to this coverage.

H. Image Restoration and Counseling

The Company shall reimburse to the Insured expenses incurred for image restoration and counseling arising out of "Improper Acts" by any natural person Insured up to a limit of \$25,000 per policy period for all Insureds combined. Covered expenses are limited to:

1. the costs of rehabilitation and counseling for the accused natural person Insured provided the natural person Insured is not ultimately found guilty of criminal conduct, said reimbursement to occur after acquittal of the natural person Insured;
2. the costs, charged by a recruiter or expended on advertising, of replacing an Officer as a result of "Improper Acts"; and
3. the costs of restoring the Named Insured's reputation and consumer confidence through image consulting.

No deductible applies to this coverage.

I. Donation Assurance

The Company shall reimburse the insured for "Failed Donation Claim(s)". The limit for this coverage will be \$25,000 per policy period for all Insureds combined. No deductible applies to this coverage.

With respect to any "Failed Donation Claim", it is further agreed as follows:

1. the donor must never have been in bankruptcy, nor have filed for bankruptcy/reorganization prior to the time said pledge was made to the Insured;
2. for non-cash donations, payment by the Insurer of a "Failed Donation Claim" shall be based on the fair market value of said non-cash donation at the time of the "Failed Donation Claim;"
3. in the case of unemployment/incapacitation of a natural person donor and as a condition of payment of the "Failed Donation Claim;"
 - (a) neither the natural person donor nor the Insured shall have had reason to believe the donor would become unemployed or incapacitated subsequent to the donation date and;
 - (b) the donor shall be unemployed for at least 60 days prior to the Insurer making payment;
4. no coverage shall be afforded for a written pledge of funds or other measurable tangible property to the Insured dated prior to the policy period;
5. a donation amount which is to be collected by the Insured over more than a 12 month period shall be deemed a single donation.

J. Business Travel

The Company will pay a Business Travel Accidental Death Benefit to the Named Insured if a Director or Officer suffers an "injury" while traveling on a common carrier for business purposes during the policy period which results in loss of life not later than 180 days after the policy period expiration, the date of cancellation or the date of non-renewal. The Accidental Death Benefit amount shall be \$25,000 per occurrence. No deductible applies to this coverage. The "injury" must be reported to the Company during the policy period.

The Business Travel Accidental Death Benefit shall not be payable if the cause of the "injury" that resulted in loss of life was:

1. an intentional act by the insured;
2. an act of suicide or attempted suicide, whether or not the deceased was sane or insane at the time of the attempted suicide;
3. an act of war;
4. a disease process.

IV. Definitions

- A. "Certified Act of Terrorism", whenever used in this endorsement will mean any act so defined

under the Terrorism Risk Insurance Act of 2002.

- B. "Domestic Partner", whenever used in this endorsement means any person who qualifies as a domestic partner under the provisions of any federal, state or local statute or regulation, or under the terms and provisions of any employee benefit or other program established by the Named Insured.
- C. "Emergency Travel Expenses", whenever used in this endorsement will mean:
 - 1. hotel expenses incurred which directly result from the cancellation of a scheduled transport, by train or air, by a commercial transportation carrier resulting directly from and within forty-eight hours of a "Certified Act of Terrorism;" and
 - 2. the increased amount incurred in air or train fare which may result from re-scheduling comparable transport, to replace a similarly scheduled transport canceled by a commercial transportation carrier in direct response to a "Certified Act of Terrorism."
- D. "Failed Donation Claim", whenever used in this endorsement will mean written notice to the Insured during the Policy Period of:
 - 1. the bankruptcy or reorganization of any donor whereby such bankruptcy or reorganization prevents the donor from honoring a prior written pledge of funds or other measurable tangible property to the Insured;
 - 2. the unemployment or incapacitation of a natural person donor preventing him/her from honoring a prior written pledge of funds or other measurable tangible property to the Insured.
- E. "Identity Theft ", whenever used in this endorsement means the act of knowingly transferring or using, without lawful authority, a means of identification of any Officer or Director (or spouse thereof) of the Named Insured with the intent to commit, or to aid or abet another to commit, any unlawful activity that constitutes a violation of federal law or a felony under any applicable state or local law.
- F. "Identity Theft Expenses", whenever used in this endorsement means:
 - 1. costs for notarizing affidavits or similar documents attesting to fraud required by financial institutions or similar credit grantors or credit agencies;
 - 2. costs for certified mail to law enforcement agencies, credit agencies, financial institutions or similar credit grantors;
 - 3. loan application fees for re-applying for a loan or loans when the original application is rejected solely because the lender received incorrect credit information.
- G. "Improper Acts", whenever used in this endorsement means any actual or alleged act of:
 - 1. sexual abuse;
 - 2. sexual intimacy;
 - 3. sexual molestation; and/or
 - 4. sexual assault;

committed by an Insured against any natural person who is not an Insured. Such

"Improper Acts" must have been committed by the Insured while in his or her capacity as an insured.

- H. "Injury", whenever used in this endorsement means any physical damage to the body caused by violence, fracture or an accident that results in physical damage or hurt.
- I. "Key Individual Replacement Expenses", whenever used in this endorsement means the following necessary expenses:
 - 1. costs of advertising the employment position opening;
 - 2. travel, lodging, meal and entertainment expenses incurred in interviewing job applicants for the employment position opening; and
 - 3. miscellaneous extra expenses incurred in finding, interviewing and negotiating with the job applicants, including, but not limited to, overtime pay, costs to verify the background and references of the applicants and legal expenses incurred to draw up employment contracts.
- J. "Unforeseeable Destruction", whenever used in this endorsement means damage resulting from a "Certified Act of Terrorism", fire, crash or collapse which renders all of the Insured's primary office completely unusable.
- K. "Workplace violence", whenever used in this endorsement means any intentional use of or threat to use deadly force by any natural person, with intent to cause harm and that results in bodily "injury" or death of a member of the Insured or any other natural person while on the Insured's premises.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CRISIS MANAGEMENT ENHANCEMENT ENDORSEMENT

Unless otherwise stated herein, the terms, conditions, exclusions and other limitations set forth in this endorsement are solely applicable to coverage afforded by this endorsement, and the policy is amended as follows:

Solely for the purpose of this endorsement: 1) The words “you” and “your” refer to the Named Insured shown in the Declarations, and any other person or organization qualifying as a Named Insured under this policy. 2) The words “we”, “us” and “our” refers to the company providing this insurance .

I. SCHEDULE OF ADDITIONAL COVERAGE AND LIMITS

The following is the Limit of Liability provided by this endorsement. This endorsement is subject to the provisions of the policy to which it is attached.

Crisis Management Expense	\$25,000
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II. CONDITIONS

A. Applicability of Coverage

Coverage provided by your policy and any endorsements attached thereto is amended by this endorsement where applicable. All other terms and conditions of the policy or coverage part to which this endorsement is attached remain unchanged.

B. Limits of Liability or Limits of Insurance

When coverage is provided by this endorsement and any other coverage form or endorsement attached to this policy, we will pay only for the amount of covered loss or damage in excess of the amount due from that other insurance, whether you can collect on it or not. But we will not pay more than the applicable Limit of Liability or Limit of Insurance.

C. Claim Expenses

Coverages provided herein are not applicable to the generation of claim adjustment costs by you; such as fees you may incur by retaining a public adjuster or appraiser.

III. ADDITIONAL COVERAGES

A. We will reimburse you for “crisis management emergency response expenses” incurred because of an “incident” giving rise to a “crisis” to which this insurance applies. The amount of such reimbursement is limited as described in Section II, B—Limits of Liability or Limits of Insurance. No other obligation or liability to pay sums or perform acts or services is covered.

B. We will reimburse only those “crisis management emergency response expenses” which

are incurred during the policy period as shown in the Declarations of the policy to which this coverage is attached and reported to us within six months of the date the "crisis" was initiated.

IV. Definitions

- A. "Crisis" means the public announcement that an "incident" occurred on your premises or at an event sponsored by you.
- B. "Crisis management emergency response expenses" mean those expenses incurred for services provided by a "crisis management firm". However, "crisis management emergency response expenses" shall not include compensation, fees, benefits, overhead, charges or expenses of any insured or any of your employees, nor shall "crisis management emergency response expenses" include any expenses that are payable on your behalf or reimbursable to you under any other valid and collectible insurance.
- C. "Crisis management firm" means any service provider you hire that is acceptable to us. Our consent will not be unreasonably withheld.
- D. "Incident" means an accident or other event resulting in death or serious bodily injury to three or more persons. "Incident" shall also mean the accidental discharge of pollutants.
- E. "Serious bodily injury" means any injury to a person that creates a substantial risk of death, serious permanent disfigurement, or protracted loss or impairment of the function of any bodily member or organ.

SERFF Tracking Number: *PHLX-125323212* *State:* *Arkansas*
Filing Company: *Philadelphia Indemnity Insurance Company* *State Tracking Number:* *AR-PC-07-026430*
Company Tracking Number: *ML AR0031002F01*
TOI: *35.0 Interline Filings* *Sub-TOI:* *35.0002 Commercial Interline Filings*
Product Name: *Interline*
Project Name/Number: *Interline/ML AR0031002F01*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PHLX-125323212 State: Arkansas
Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: AR-PC-07-026430
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/17/2007

Comments:

Attachments:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING SCHEDULE.PDF

Satisfied -Name: Letter, Filing Memorandum, Bell Comparison **Review Status:** Approved 10/17/2007

Comments:

Attachments:

Letter.PDF
Filing Memorandum.PDF
Bell Comparison .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: 60%; 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 #
Philadelphia Insurance Companies	0677

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Philadelphia Indemnity Insurance Company	PA	18058	231738402	

5. Company Tracking Number	ML AR0031002F01
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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
	Diane Quarles One Bala Plaza, Suite 100 Bala Cynwyd PA 19004	Compliance Analyst	877-438-7459	866-478-1433	quarlesd@phlyins.com

7. Signature of authorized filer	
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8. Please print name of authorized filer	Diane Quarles
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Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	35.0 Interline Filings
10.	Sub-Type of Insurance (Sub-TOI)	35.0002 Commercial Interline Filings
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Bell Endorsement and Crisis Management Enhancement Endorsement
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 12/1/07 Renewal: 12/1/07
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	
17.	Reference Organization # & Title	
18.	Company's Date of Filing	10/12/07
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	ML AR0031002F01
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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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The Philadelphia Indemnity Insurance Company submits for your review a revised version of its Bell Endorsement PI-BELL-1 (09/07) and a new endorsement PI-CME-1 (08/07) Crisis Management Enhancement Endorsement.

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 #: 42262 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 #	ML AR0031002F01
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2. This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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	BELL ENDORSEMENT	PI-BELL-1 (09/07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	PI-BELL-1	AR-PC-06-019148
02	CRISIS MANAGEMENT ENHANCEMENT ENDORSEMENT	PI-CME-1 (08/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input 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		

Philadelphia Insurance Companies
One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004
610-617-7900 Fax: 610-617-7600

October 12, 2007

Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: Philadelphia Indemnity Insurance Company
NAIC 18058 - FEIN 23-1738402
Interline Endorsement Filing
Revised Bell Endorsement PI-BELL-1
New Crisis Management Endorsement PI-CME-1
Our Filing Number ML AR 0031002F01

Dear Sir or Madam:

The Philadelphia Indemnity Insurance Company submits for your review a revised version of its Bell Endorsement PI-BELL-1 (09/07) and a new endorsement PI-CME-1 (08/07) Crisis Management Enhancement Endorsement.

Our Bell Endorsement has been amended by increasing to \$25,000 any coverage with a previous limit of \$5,000. This endorsement will continue to be a mandatory attachment to all of the policies we write with exception of Businessowners and mono-line Builders Risk, Difference in Conditions and Commercial Excess policies. It will also continue to be attached without charge.

PI-CME-1 is a new unique endorsement that provides value added coverage to our insureds. This endorsement provides up to \$25,000 reimbursement expenses for services provided by a crisis management firm because of an incident that results in death or serious bodily injury to three or more persons. There will be no premium charge for this endorsement and it will be a mandatory attachment in the same manner as above referenced Bell Endorsement.

We intend to implement this filing to policies effective on and after December 1, 2007, or as soon as possible after receiving your notice of acceptance. Your acknowledgement and where required approval will be appreciated.

Sincerely,



Diane Quarles
Compliance Analyst
(610) 617-7751 Fax 866-478-1433
quarlesd@phlyins.com

Filing Memorandum

PI-BELL-1 (09/07) Bell Endorsement

Philadelphia Indemnity Insurance Company is filing a revised version PI-BELL-1 (09/07) of our previously filed independent endorsement, Bell Endorsement, PI-BELL-1 (04/06). Any coverage with a previous limit of \$5,000 is being increased to a new limit of \$25,000. There is no premium charge for this endorsement. Bell Endorsement will automatically attach to all of our policies except Businessowners and mono-line Builders Risk, Difference in Conditions and Commercial Excess policies.

PI-CME-1 (08/07) Crisis Management Enhancement Endorsement

Philadelphia Indemnity Insurance Company is filing a new independent endorsement, PI-CME-1 (08/07) Crisis Management Enhancement Endorsement. It is a unique endorsement that provides value added coverage to our insureds. This endorsement provides up to \$25,000 reimbursement expenses for services provided by a crisis management firm because of an incident that results in death or serious bodily injury to three or more persons. There is no premium charge for this endorsement. Crisis Management Enhancement Endorsement will automatically attach to all of our policies except Businessowners and mono-line Builders Risk, Difference in Conditions and Commercial Excess policies.

Comparison	Current	New
Identity Theft Expense	\$5,000	\$25,000
Terrorism Travel Reimbursement	\$5,000	\$25,000
Emergency Real Estate Consulting Fee	\$5,000	\$25,000
Temporary Meeting Space Reimbursement	\$5,000	\$25,000
Workplace Violence Counseling	\$5,000	\$25,000
Image Restoration and Counseling	\$5,000-	\$25,000
Donation Assurance	\$5,000	\$25,000
Business Travel	\$5,000	\$25,000