

SERFF Tracking Number: REGU-125304624 State: Arkansas  
Filing Company: Arch Insurance Company State Tracking Number: AR-PC-07-026234  
Company Tracking Number: ARCH-07-167  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: Commercial General Liability Deductible Form Filing  
Project Name/Number: Commercial General Liability Deductible Form Filing/

## Filing at a Glance

Company: Arch Insurance Company

Product Name: Commercial General Liability SERFF Tr Num: REGU-125304624 State: Arkansas

Deductible Form Filing

TOI: 17.0 Other Liability - Claims

SERFF Status: Closed

State Tr Num: AR-PC-07-026234

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: ARCH-07-167

State Status:

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith

Roberts, Brittany Yielding

Author: Kevin Purcell

Disposition Date: 10/03/2007

Date Submitted: 09/26/2007

Disposition Status: Disapproved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

## General Information

Project Name: Commercial General Liability Deductible Form Filing

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/03/2007

State Status Changed: 09/27/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Arch Insurance Company (AIC) is submitting a new independent Commercial General Liability Deductible Endorsement. The endorsement lists the various available Allocated Loss Adjustment Expense (ALAE) treatment options, one of which will be selected at the direction of the insured. The endorsement will be used only when the risk qualifies under the state's commercial deregulation requirements.

## Company and Contact

### Filing Contact Information

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(This filing was made by a third party - insuranceregulatoryconsultantsllc)

Kevin Purcell, kevinpurcell@ircllc.com  
50 Broad Street (212) 571-3989 [Phone]  
New York, NY 10004 ()-[FAX]

**Filing Company Information**

Arch Insurance Company CoCode: 11150 State of Domicile: Missouri  
One Liberty Plaza Group Code: 1279 Company Type: P&C  
53rd Floor  
New York, NY 10006 Group Name: Arch Capital State ID Number:  
(212) 651-9863 ext. [Phone] FEIN Number: 43-0990710  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arch Insurance Company	\$50.00	09/26/2007	15817650

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Edith Roberts	10/03/2007	10/03/2007

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## Disposition

Disposition Date: 10/03/2007

Effective Date (New):

Effective Date (Renewal):

Status: Disapproved

Comment: We will not approve endorsements and/or policy provision that reduce any limit of liability by a deductible. The deductible is the amount to be borne by the insured and the insured is entitled to the entire limit of liability for which he has paid a premium.

Also, we do not allow Allocated Loss Adjustment Expenses unless filed to be applicable to "high" deductibles or large risk retentions.

This form, therefore, must be disapproved.

Rate data does NOT apply to filing.

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 Product Name: Commercial General Liability Deductible Form Filing  
 Project Name/Number: Commercial General Liability Deductible Form Filing/

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Disapproved	Yes
<b>Supporting Document</b>	Cover letter & Authorization	Disapproved	Yes
<b>Form</b>	Commercial General Liability Deductible Endorsement	Disapproved	Yes

SERFF Tracking Number: REGU-125304624 State: Arkansas  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Disapprove	Commercial General Liability Deductible Endorsement	00 GL0356 00	0907	Endorsement/New Amendment/Conditions		0.00	GL Deductible 00 GL0356 00 09 07.pdf

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**COMMERCIAL GENERAL LIABILITY DEDUCTIBLE ENDORSEMENT**

This endorsement modifies insurance provided under the following:

- Commercial General Liability Coverage Form**
- Products and Completed Operations Liability Coverage Form**
- Liquor Liability Coverage Form**
- Professional Liability Coverage Form:**

**Schedule**

The **Deductible** of \$ \_\_\_\_\_ applies on a combined basis to all coverages indicated by an "X" in the table below, except for such coverages (if any) for which a separate **Deductible** is shown below.

<b>Indicate below</b>	<b>Coverage</b>	<b>Deductible Amount</b>	<b>Per Occurrence</b>	<b>Per Claim</b>
	All Coverages*	\$		
	Bodily Injury Liability and Property Damage Liability*	\$		
	Bodily Injury Liability and Property Damage Liability* – Other than Products - Completed Operations	\$		
	Bodily Injury Liability and Property Damage Liability* – Products - Completed Operations	\$		
	Personal and Advertising Injury	\$	Each Person or Organization	
	Employee Benefits Liability	\$	Each Employee	
	Liquor Liability	\$	Per Common Cause	Per Claim
	Other:	\$		
	Other:	\$		

**Deductible Aggregate:** \$ \_\_\_\_\_

\* Medical Payments:      Included      Excluded

**A. DEDUCTIBLE**

Our obligation to pay damages, costs, expenses, benefits, or medical payments, subject to the Limit of Insurance as shown in the Declarations, will be reduced by the **Deductible** shown in the Schedule. Our Limit of Insurance includes, and is not in addition to, the **Deductible**.

**B. DEDUCTIBLE AGGREGATE** (this provision applies only if an amount is shown as the **Deductible Aggregate** in the Schedule)

Subject to the applicable Limit of Insurance and related policy provisions, we will pay for all damages, costs, expenses, benefits, or medical payments payable under the policy without reduction by the **Deductible** when, as a result of the application of the **Deductibles** to damages, costs, expenses, benefits, or medical payments payable under the policy, the sum of all **Deductibles** paid by you exceeds the amount shown in the Schedule as the **Deductible Aggregate**.

If the policy period is longer than one year, the **Deductible Aggregate** amount applies separately to each policy year. Each policy year begins with the inception or anniversary date of the policy and ends at the earlier of the next anniversary date or the expiration of the policy.

The **Deductible Aggregate** amount shown above is not subject to adjustment unless a basis of adjustment is shown below.

The **Deductible Aggregate** is adjustable at the rate of \_\_\_\_\_ per \_\_\_\_\_ however the minimum amount of the aggregate deductible will be no less than the **Deductible Aggregate** amount shown above.

The adjustment basis is \_\_\_\_\_ and is estimated at the inception of this policy as the amount of \_\_\_\_\_.

If this policy and any other policy issued to you by us have Commercial General Liability Deductible Endorsements applying to the same occurrence, accident, claim, person or organization, the maximum deductible that will apply under all policies shall not exceed the highest applicable **Deductible** under any one of the policies. In addition, the sum of all **Deductibles** paid by you shall not exceed the highest applicable **Deductible Aggregate** under any one of the policies.

**C. ALLOCATED LOSS ADJUSTMENT EXPENSES**

You must reimburse us for "Allocated Loss Adjustment Expenses" incurred by us as part of Supplementary Payments in defending a claim or "suit" as indicated by one of the options below:

1. Option I - "Allocated Loss Adjustment Expenses" Are Included In The **Deductible** Shown In The Schedule. Your total reimbursement for damages, costs, expenses, benefits, medical payments and "Allocated Loss Adjustment Expenses" combined shall not exceed the **Deductible** shown in the Schedule.

2. Option II - "Allocated Loss Adjustment Expenses" Are Payable In Addition To The **Deductible** Shown In The Schedule On A Shared Basis. The portion of "Allocated Loss Adjustment Expenses" that you must pay will be calculated by dividing the smaller of the **Deductible** shown in the Schedule or the damages, costs, expenses, benefits, and medical payments we pay by the damages, costs, expenses, benefits, and medical payments we pay. If we pay no damages, costs, expenses, benefits, and medical payment, you must reimburse us for all "Allocated Loss Adjustment Expenses" up to the **Deductible** shown in the Schedule and \_\_\_% (if no amount is shown, 50% will apply) of all remaining "Allocated Loss Adjustment Expenses". Your total reimbursement for damages, costs, expenses, benefits, medical payments and "Allocated Loss Adjustment Expenses" under this option may exceed the **Deductible** shown in the Schedule.

3. Option III - "Allocated Loss Adjustment Expenses" Are Payable In Addition To The **Deductible** Shown In The Schedule And Are Your Full Responsibility. You must pay all "Allocated Loss Adjustment Expenses" attributed to all damages, costs, expenses, benefits, and medical payments paid by us. Your total reimbursement for damages, costs, expenses, benefits, medical payments and "Allocated Loss Adjustment Expenses" under this option may exceed the **Deductible** shown in the Schedule.

4. Option IV - "Allocated Loss Adjustment Expenses" Are Payable By Us. We will pay all "Allocated Loss Adjustment Expenses" attributed to all damages, costs, expenses, benefits, and medical payments paid by us.

Your obligation to reimburse us for "Allocated Loss Adjustment Expense" applies separately to each occurrence, claim, "employee", common cause or person or organization.

"Allocated Loss Adjustment Expenses" means such claim adjustment expenses directly allocated by us to a particular claim. Such expenses shall include, but not be limited to, attorney's fees for claims in suit; court costs; pre- and post judgment interest; undercover operatives and detective services; employing experts; medical examination, medical cost containment expenses, laboratory, x-ray, and autopsy; stenographic, witnesses, summons, and copies of documents and transcripts; or expenses reasonably chargeable to the investigation, negotiation, settlement or defense of any claim or "suit" against you or for the protection and perfection of your or our subrogation rights.

"Allocated Loss Adjustment Expenses" does not include our general overhead, the salary and benefits of any our "employees", nor the fees of any attorney who is our "employee" or under our permanent retainer; nor the fees of any attorney we retain to provide counsel to us about our obligations, if any, under any policy issued by us with respect to a claim or "suit" against you.

#### **D. OUR RIGHT TO REIMBURSEMENT**

When we pay all or any part of any **Deductible** shown in the Schedule, you must promptly reimburse us for: a) the **Deductible** or the part of the **Deductible** paid by us, and b) all "Allocated Loss Adjustment Expenses" incurred by us in defending a claim or "suit" according to the option selected in Section **C.**, above.

If we require collateral or other security to secure the **Deductible** and other obligations under this Commercial General Liability Deductible Endorsement, you shall provide such collateral or other security in an amount and form as we may determine.

Upon notification of payment by us, you will promptly reimburse us for any such amounts that we have paid. If you fail to reimburse us, or fail to provide us with any security or collateral in an amount or form as we may require, we may treat such failure as non-payment of premium and we may, at our option, cancel this policy by mailing or delivering to you advance written notice in accordance with the CANCELLATION Common Policy Condition. Any resulting return premium may be applied to the reimbursement amounts due.

We may mutually agree upon a final payment amount to satisfy your present and future payment obligations under this Commercial General Liability Deductible Endorsement. Payment by you of such amount will end your obligations to make payments to us under this endorsement.

All other terms and conditions of this policy remain unchanged.

Endorsement Number:

Policy Number:

Named Insured:

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date:

*SERFF Tracking Number:*      *REGU-125304624*                      *State:*                      *Arkansas*  
*Filing Company:*              *Arch Insurance Company*                      *State Tracking Number:*      *AR-PC-07-026234*  
*Company Tracking Number:*      *ARCH-07-167*  
*TOI:*                      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*                      *17.0001 Commercial General Liability*  
*Product Name:*              *Commercial General Liability Deductible Form Filing*  
*Project Name/Number:*      *Commercial General Liability Deductible Form Filing/*

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Disapproved 10/03/2007

**Comments:**

**Attachment:**

AR NAIC- dereg.pdf

**Satisfied -Name:** Cover letter & Authorization **Review Status:** Disapproved 10/03/2007

**Comments:**

**Attachments:**

AR.pdf

Authorization Letter.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>
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<b>2. Insurance Department Use only</b>	
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

<b>3. Group Name</b>	<b>Group NAIC #</b>
Arch Capital Group	1279

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Arch Insurance Company	MO	11150	43-0990710	

<b>5. Company Tracking Number</b>	ARCH-07-167
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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
	Kevin Purcell, IRC 50 Broad Street, Suite 501 New York, NY 10004	Vice President	212-571-3989	212-571-2502	<a href="mailto:kevinpurcell@ircllc.com">kevinpurcell@ircllc.com</a>

<b>7.</b> Signature of authorized filer	
<b>8.</b> Please print name of authorized filer	Kevin Purcell

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	17.0 Other Liability
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0001 Commercial General Liability
<b>11. State Specific Product code(s) (if applicable)[See State Specific</b>	N/A
<b>12. Company Program Title</b> (Marketing title)	
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New:    Upon Approval                      Renewal:    Upon Approval
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	9/26/2007
<b>19. Status of filing in domicile</b>	<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 #** ARCH-07-167

**21. Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Arch Insurance Company (AIC) is submitting a new independent Commercial General Liability Deductible Endorsement. The endorsement lists the various available Allocated Loss Adjustment Expense (ALAE) treatment options, one of which will be selected at the direction of the insured. The endorsement will be used only when the risk qualifies under the state's commercial deregulation requirements.

**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 #:**  
**Amount:**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	ARCH-07-167			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	N/A			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Commercial General Liability Deductible Endorsement	00 GL0356 00 09 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input 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		



Insurance Regulatory Consultants, LLC

September 26, 2007

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201

*filing on behalf of ARCH INSURANCE COMPANY*

**Submitted Within SERFF**

Please be advised that Insurance Regulatory Consultants (IRC) has been appointed to submit this filing on behalf of **Arch Insurance Company**. A copy of this authorization is attached to this filing.

**Re: Arch Insurance Company**  
**NAIC Number: 1279-11150; FEIN Number: 43-0990710**  
**Commercial General Liability Deductible Form Filing**  
**Company File Number: ARCH-07-167**  
**Proposed Effective Date: Upon Approval**  
**State of Arkansas**

Dear Commissioner Bowman:

Arch Insurance Company (AIC) is submitting a new independent Commercial General Liability Deductible Endorsement. The endorsement lists the various available Allocated Loss Adjustment Expense (ALAE) treatment options, one of which will be selected at the direction of the insured. The endorsement will be used only when the risk qualifies under the state's commercial deregulation requirements.

Enclosed for your review:

- Required State Filing Forms
- Form 00 GL0356 00 09 07– Commercial General Liability Deductible Endorsement

I have authorized an EFT in the amount of \$50.00 to cover the required filing fee.

We ask that this filing become effective upon your approval.

Should you need any additional information or have any questions, please do not hesitate to contact me.

Sincerely,

Kevin W. Purcell  
Insurance Regulatory Consultants, LLC  
(212) 571-3894 (phone)  
(212) 571-2502 (fax)  
[kevinpurcell@ircllc.com](mailto:kevinpurcell@ircllc.com) (e-mail)  
*filing on behalf of Arch Insurance Company*



# ARCH INSURANCE COMPANY

## LETTER OF FILING AUTHORIZATION

This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of Arch Insurance Company. This authorization extends to all correspondence regarding this filing.

**Carol Kennedy**

Name

**September 24, 2007**

Date

**Vice President**

Title

**Arch Insurance Company**

Company

Signature

**(212) 651-9863**

Telephone Number

**Re: Arch Insurance Company  
NAIC Number: 1279-11150; FEIN Number: 43-0990710  
Commercial General Liability Deductible Form Filing  
Company File Number: ARCH-07-167**