

SERFF Tracking Number: ZURC-125318747 State: Arkansas
First Filing Company: American Zurich Insurance Company, ... State Tracking Number: AR-PC-07-026384
Company Tracking Number: CW GL 26665 (FORM)
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Resulting Damage Endorsement
Project Name/Number: /CW GL 26665

Filing at a Glance

Companies: American Zurich Insurance Company, American Guarantee and Liability Insurance Company, Zurich American Insurance Company of Illinois, Zurich American Insurance Company

Product Name: Resulting Damage Endorsement SERFF Tr Num: ZURC-125318747 State: Arkansas

TOI: 17.0 Other Liability - Claims Made/Occurrence SERFF Status: Closed State Tr Num: AR-PC-07-026384

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: CW GL 26665 (FORM) State Status:

Filing Type: Form Co Status: Not Applicable Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Karen Falbo Disposition Date: 10/18/2007

Date Submitted: 10/10/2007 Disposition Status: Approved

Effective Date Requested (New): On Approval Effective Date (New):

Effective Date Requested (Renewal): Effective Date (Renewal):

General Information

Project Name:

Project Number: CW GL 26665

Status of Filing in Domicile: Not Filed

Domicile Status Comments: In process of nationwide filing

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/18/2007

State Status Changed: 10/11/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to submit a new endorsement and rating rule to be offered to our contractor market.

We developed the Resulting Damages Endorsement as a response to the interpretations of coverage by several states' Supreme Courts that ruled such resulting damage was not an occurrence and therefore not covered under the ISO CGL policy. By providing such coverage, we can offer uniformity, stability and certainty of coverage for our existing clients and to prospective clients.

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Please refer to the explanatory for further information.

Company and Contact

Filing Contact Information

Karen Falbo, Product Analyst karen.falbo@zurichna.com
 1400 American Lane (847) 605-7545 [Phone]
 Schaumburg, IL 60196 (847) 605-7768[FAX]

Filing Company Information

American Zurich Insurance Company	CoCode: 40142	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-3141762	

American Guarantee and Liability Insurance Company	CoCode: 26247	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-6071400	

Zurich American Insurance Company of Illinois	CoCode: 27855	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-2781080	

Zurich American Insurance Company	CoCode: 16535	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60102	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-4233459	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00

SERFF Tracking Number: *ZURC-125318747* *State:* *Arkansas*
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Retaliatory? **No**
Fee Explanation:
Per Company: **No**

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Zurich American Insurance Company	\$50.00	10/10/2007	16042586
American Guarantee and Liability Insurance Company	\$0.00	10/10/2007	
Zurich American Insurance Company of Illinois	\$0.00	10/10/2007	
American Zurich Insurance Company	\$0.00	10/10/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/18/2007	10/18/2007

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Disposition

Disposition Date: 10/18/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory - A	Approved	Yes
Form	Resulting Damage To Your Work	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Resulting Damage To Your Work	U-GL-1344-A	09 07	Endorsement/Amendment/Conditions		0.00	U-GL-1344-A 0907.pdf



ZURICH

Resulting Damage To Your Work

Policy No.	Exp. Date of Pol.	Eff. Date of End.	Agency No.	Addl. Prem.	Return Prem.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured:

Address (including ZIP Code):

This endorsement modifies insurance provided under the:
Commercial General Liability Coverage Part

Section I - Coverage A, Bodily Injury and Property Damage Liability, 1. Insuring Agreement is deleted and replaced by the following:

1. Insuring Agreement

- a. We will pay those sums that the insured becomes legally obligated to pay as damages because of "bodily injury" or "property damage" (subject to the "property damage" provisions of Paragraph **g.** below) to which this insurance applies.
- b. We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for "bodily injury" or "property damage" to which this insurance does not apply. We may, at our discretion, investigate any "occurrence" and settle any claim or "suit" that may result. But:
 - (1) The amount we will pay for damages is limited as described in **Section III – Limits of Insurance**; and
 - (2) Our right and duty to defend ends when we have used up the applicable limit of insurance in the payment of judgments or settlements under **Coverages A or B** or medical expenses under **Coverage C**.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under **Section I - Supplementary Payments – Coverages A and B**.

- c. This insurance applies to "bodily injury" and "property damage" only if:
 - (1) The "bodily injury" or "property damage" is caused by an "occurrence" that takes place in the "coverage territory";
 - (2) The "bodily injury" or "property damage" occurs during the policy period; and
 - (3) Prior to the policy period, no insured listed under Paragraph **1.** of **Section II – Who Is An Insured** and no "employee" authorized by you to give or receive notice of an "occurrence" or claim, knew that the "bodily injury" or "property damage" had occurred, in whole or in part. If such a listed insured or authorized "employee" knew, prior to the policy period, that the "bodily injury" or "property damage" occurred, then any continuation, change or resumption of such "bodily injury" or "property damage" during or after the policy period will be deemed to have been known prior to the policy period.
- d. "Bodily injury" or "property damage" which occurs during the policy period and was not, prior to the policy period, known to have occurred by any insured listed under Paragraph **1.** of **Section II – Who Is An Insured** or any "employee" authorized by you to give or receive notice of an "occurrence" or claim, includes any

continuation, change or resumption of that "bodily injury" or "property damage" after the end of the policy period.

- e. "Bodily injury" or "property damage" will be deemed to have been known to have occurred at the earliest time when any insured listed under Paragraph 1. of **Section II – Who Is An Insured** or any "employee" authorized by you to give or receive notice of an "occurrence" or claim:
 - (1) Reports all, or any part, of the "bodily injury" or "property damage" to us or any other insurer;
 - (2) Receives a written or verbal demand or claim for damages because of the "bodily injury" or "property damage"; or
 - (3) Becomes aware by any other means that "bodily injury" or "property damage" has occurred or has begun to occur.
- f. Damages because of "bodily injury" include damages claimed by any person or organization for care, loss of services, or death resulting at any time from the "bodily injury".
- g. Damages because of "property damage" include damages the insured becomes legally obligated to pay because of "property damage" to "your work" and shall be deemed to be caused by an "occurrence", but only if:
 - (1) The "property damage" is entirely the result of work performed on your behalf by a subcontractor(s) that is not a Named Insured;
 - (2) The work performed by the subcontractor(s) is within the "products-completed operations hazard"; and
 - (3) The "property damage" is unexpected and unintended from the standpoint of the insured.

All other terms, conditions, provisions, and exclusions of the policy not changed by this endorsement shall continue to apply as written.

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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:** Approved 10/18/2007

Comments:

Attachments:

NAIC PC f.pdf

NAIC FFS.pdf

Satisfied -Name: Explanatory - A **Review Status:** Approved 10/18/2007

Comments:

Attachment:

Explanatory-a-rate.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:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name	Group NAIC #
Zurich North America	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Guarantee and Liability Insurance Company	NY	26247	36-6071400	
American Zurich Insurance Company	IL	40142	36-3141762	
Zurich American Insurance Company	NY	16535	36-4233459	
Zurich American Insurance Company of Illinois	IL	27855	36-2781080	

5. Company Tracking Number	CW-GL-26665
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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
	Karen Falbo, 1400 American Lane, T2-18, Schaumburg, IL 60196-1056	Product Analyst	847-605-7545	847-605-7768	karen.falbo@zurichna.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Karen Falbo

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

9. Type of Insurance (TOI)	General Liability
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	17.0001
12. Company Program Title (Marketing title)	Resulting Damage 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: Date filed/approved Renewal:
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	10/10/2007
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 # CW-GL-26665

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

The purpose of this filing is to submit a new endorsement to be offered to our contractor market.

We developed the Resulting Damages Endorsement as a response to the interpretations of coverage by several states' Supreme Courts that ruled such resulting damage was not an occurrence and therefore not covered under the ISO CGL policy. By providing such coverage, we can offer uniformity, stability and certainty of coverage for our existing clients and to prospective clients.

Please refer to the explanatory for more information.

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.)

1.	This filing transmittal is part of Company Tracking #	CW-GL-26665			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
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	Resulting Damage To Your Work	U-GL-1344-A 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		

EXPLANATORY MEMORANDUM

Resulting Damage To Your Work Endorsement, form U-GL-1344

"Resulting Damage" is a term that we use for the "property damage" that is entirely the result of work performed on a General Contractor's behalf by a subcontractor that is not a Named Insured under the General Contractor's policy, and is neither intended or expected, and is within the "Products – Completed Operations hazard".

We developed the Resulting Damages Endorsement as a response to the interpretations of coverage by several states' Supreme Courts that ruled such resulting damage was not an occurrence and therefore not covered under the ISO CGL policy. By providing such coverage, we can offer uniformity, stability and certainty of coverage for our existing clients and to prospective clients.

The purpose of this filing is to submit a new endorsement and rating rule to be offered to our contractor market.

Rates for the use of these endorsements will be calculated for each individual risk on an (a) rate basis. For these (a) rated risks, complete documentation, including the premium for the Named Insured and specific characteristics of the risk supporting the individual risk pricing, will be maintained in the underwriting file. Individual risk (a) rate filing will be made with each state as required.