

SERFF Tracking Number: EVST-125345429 State: Arkansas
 Filing Company: Everest National Insurance Company State Tracking Number: #35354 \$50
 Company Tracking Number: AR-GL-20021883
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0018 Premises & Operations (OL&T and M&C)
 Product Name: General Liability
 Project Name/Number: GL-Endorsements/CW-GL-20019197

Filing at a Glance

Company: Everest National Insurance Company

Product Name: General Liability	SERFF Tr Num: EVST-125345429	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: #35354 \$50
Sub-TOI: 17.0018 Premises & Operations (OL&T and M&C)	Co Tr Num: AR-GL-20021883	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: Vanessa King	Disposition Date: 11/20/2007
	Date Submitted: 11/01/2007	Disposition Status: Approved
Effective Date Requested (New): 12/15/2007		Effective Date (New):
Effective Date Requested (Renewal): 12/15/2007		Effective Date (Renewal):

General Information

Project Name: GL-Endorsements	Status of Filing in Domicile: Pending
Project Number: CW-GL-20019197	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/20/2007	
State Status Changed: 11/20/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
We are filing to introduce a number of new proprietary endorsements for use in conjunction with the ISO Commercial General Liability Coverage Form.	

These endorsements are designed to provide greater underwriting flexibility in response to individual risk characteristics.

Company and Contact

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Filing Contact Information

Vanessa King, Associate Manager, Filing and Regulation vanessa.king@everestire.com
 P.O. Box 830 (908) 604-3267 [Phone]
 Liberty Corner, NJ 07938-0830 (908) 604-3546[FAX]

Filing Company Information

Everest National Insurance Company CoCode: 10120 State of Domicile: Delaware
 477 Martinsville Road Group Code: 1120 Company Type:
 P.O. Box 830
 Liberty Corner, NJ 07938-0830 Group Name: Everest Re Group, State ID Number:
 Ltd.
 (908) 604-3000 ext. [Phone] FEIN Number: 22-2660372

Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
035354	\$50.00	10/02/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/20/2007	11/20/2007

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Disposition

Disposition Date: 11/20/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Exclusion – Influenza Or Epidemic	Approved	Yes
Form	Exclusion – Mad Cow Disease	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Exclusion – Influenza Or Epidemic	ECG 21 682	09 07 09 07	Endorseme New nt/Amendm ent/Condi ons		0.00	ECG 21 682 09 07 _2_.pdf
Approved	Exclusion – Mad Cow Disease	ECG 21 683	09 07 09 07	Endorseme New nt/Amendm ent/Condi ons		0.00	ECG 21 683 09 07.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – INFLUENZA OR EPIDEMIC

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The following exclusion is added to Paragraph 2. **Exclusions of Section I – Coverage A – Bodily Injury And Property Damage Liability** and Paragraph 2. **Exclusions of Section I – Coverage B – Personal And Advertising Injury Liability**:

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of:

A. The:

1. Infection or feared or suspected infection with;
2. Diagnosis of or treatment for, or failure to diagnose or treat;
3. Quarantine for or attempted containment of, or failure to quarantine or contain;
4. Presence or detection of, or failure to detect;
5. Prevention of or vaccination against, or failure to prevent or vaccinate;
6. Restrictions on travel due to, or failure to restrict travel due to; or
7. Declaration of an epidemic or pandemic due to, or failure to declare an epidemic or pandemic due to;

Any type of influenza virus, including but not limited to types A, B or C virus, any subtype or strain of the influenza A, B or C virus (including but not limited to the H5 and H7 subtypes), any similar or related influenza or virus, or any derivation from, reassortment, or mutation (occurring either naturally or through human intervention) of the influenza A, B or C virus, including but not limited to a human influenza virus.

- B. Any epidemic, pandemic, pandemic alert or outbreak (or other term of similar meaning) that is declared, announced or otherwise notified by the U. S. Center for Disease Control and Prevention (as such is reported in the Morbidity and Mortality Weekly Report), World Health Organization or any national, state or local public health organization (or organization acting in a similar capacity).**

Exclusion of the epidemic or pandemic infectious disease shall begin as of the date of such announcement or notification and shall continue until the termination date of such epidemic or pandemic; provided, however, that this exclusion shall continue to apply to any individual case of epidemic or pandemic infectious disease contracted during the exclusionary period that continues beyond the termination date.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – MAD COW DISEASE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The following exclusion is added to Paragraph 2. **Exclusions of Section I – Coverage A – Bodily Injury And Property Damage Liability** and Paragraph 2. **Exclusions of Section I – Coverage B – Personal And Advertising Injury Liability**:

This insurance does not apply to:

1. "Property damage", "bodily injury" or "personal and advertising injury" which would not have occurred or taken place, in whole or in part, but for the actual, alleged or threatened contact with, exposure to, existence of, or presence of bovine spongiform encephalopathy (BSE), commonly known as mad cow disease, regardless of whether any other cause, event, material or product contributed concurrently or in any sequence to such injury or damage.
2. Any loss, cost or expenses arising out of any:
 - a. Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of BSE; or
 - b. Claim or suit by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, BSE.

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 11/20/2007

Comments:

Attachments:

Transmittal.pdf

Form Filing Schedule.pdf

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # AR-GL-20021883

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

Everest National Insurance Company is introducing a number of new proprietary endorsements for use in conjunction with the ISO Commercial General Liability Coverage Form.

These endorsements are designed to provide greater underwriting flexibility in response to individual risk characteristics.

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 #: 35354
Amount: \$50.00

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.)**

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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 #	AR-GL-20021883			
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	Exclusion - Influenza Or Epidemic Coverage A And B	ECG 21 682 09 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Exclusion - Mad Cow Disease - Coverage A And B	ECG 21 683 09 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		