

SERFF Tracking Number: PHLX-125362644 State: Arkansas
Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: GL AR0031702F01
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: General Liability
Project Name/Number: General Liability/GL AR0031702F01

Filing at a Glance

Company: Philadelphia Indemnity Insurance Company

Product Name: General Liability SERFF Tr Num: PHLX-125362644 State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: GL AR0031702F01 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: SPI PhiladelphiaIndemnity Disposition Date: 11/20/2007
Date Submitted: 11/19/2007 Disposition Status: Approved
Effective Date Requested (New): 12/21/2007 Effective Date (New):
Effective Date Requested (Renewal): Effective Date (Renewal):

General Information

Project Name: General Liability Status of Filing in Domicile:
Project Number: GL AR0031702F01 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:

The Philadelphia Indemnity Insurance Company files for your review a new endorsement to provide dog grooming and contingent veterinary coverage

Attached is PI-DG-01 Dog Grooming and Contingent veterinary Coverage endorsement. This endorsement will provide coverage for Property Damage and Mental Anguish arising out of the rendering of professional dog and cat grooming services. It will attach to ISO's Commercial General Liability Coverage form.

There is no rating associated with this form. It will be available for dog care facilities requesting dog groomer coverage

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Company and Contact

Filing Contact Information

Kevin O'Brien, Compliance Manager kobrien@phlyins.com
 One Bala Plaza (610) 617-7752 [Phone]
 Bala Cynwyd, PA 19004 (866) 282-7495[FAX]

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 State ID Number:
 Insurance Companies
 (610) 617-7900 ext. [Phone] FEIN Number: 231738402

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Philadelphia Indemnity Insurance Company	\$50.00	11/19/2007	16709787

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Correspondence Summary

Dispositions

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

SERFF Tracking Number: *PHLX-125362644* *State:* *Arkansas*
Filing Company: *Philadelphia Indemnity Insurance Company* *State Tracking Number:* *EFT \$50*
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Product Name: *General Liability*
Project Name/Number: *General Liability/GL AR0031702F01*

Disposition

Disposition Date: 11/20/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PHLX-125362644 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Dog Grooming and Contingent Veterinary Coverage	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Dog Grooming and Contingent Veterinary Coverage	PI-DG-01	11/07	Other	New		0.00	PI-DG-01.PDF

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DOG GROOMING AND CONTINGENT VETERINARY COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. The following is added to Paragraph 1. , Insuring Agreement of Section I – Coverage A – Bodily Injury And Property Damage Liability:

1. Insuring Agreements

- f. "Property Damage" and "Mental Anguish" arising out of the rendering of professional dog and cat grooming services, including:
 - i. nail trimming;
 - ii. ear cleaning;
 - iii. shampoo, massage, & blow dry;
 - iv. hand brushing;
 - v. haircut;
 - vi. tooth brushing and;
 - vii. expressing of glands;

shall be deemed to be caused by an "occurrence".

Also, "Property Damage" and "Mental Anguish" arising out of the rendering of professional veterinary services solely provided by a duly licensed veterinarian contracted by you for the purposes of treating a sick or injured dog or cat in your care shall be deemed to be caused by an "occurrence". However, coverage for any "Property Damage" and "Mental Anguish" arising out of the rendering of professional veterinary services shall only be excess of any valid and collectible Veterinary Professional Liability Insurance held by any such veterinarian contracted by you.

2. Definitions

For the purposes of the coverage provided for this endorsement:

- a. "Mental Anguish" shall mean extreme emotional upset or distress, incurred by the dog or cat owner, which is sufficiently severe as to require medical treatment.
- b. "Property Damage" shall mean physical injury to a dog or cat in your care.

"Property Damage shall be limited to:

- i. The veterinary expenses necessary to heal the injured dog or cat; or
- ii. If said dog or cat is deceased or cannot be healed, the actual cost to replace dog or cat with one of like breed and quality, as well as the cost of any specialized training a dog may have received by a professional dog trainer.

3. Limits of Insurance

For the purposes of the coverage granted by this endorsement, the sublimit of insurance for any damages arising from "Mental Anguish" shall be \$10,000 per occurrence subject to a an aggregate limit of \$250,000.

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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:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

AR - NAIC FORM FILING SCHEDULE.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 #			
Philadelphia Insurance Companies	0677			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Philadelphia Indemnity Insurance Company	PA	18058	231738402	

5. Company Tracking Number	GL AR0031702F01
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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 W. O'Brien One Bala Plaza, Suite 100 Bala Cynwyd PA 19004	Compliance Manager	877-438-7459	866-282-7495	kobrien@phlyins.com
7.	Signature of authorized filer		<i>Kevin O'Brien</i>		
8.	Please print name of authorized filer		Kevin W. O'Brien		

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

9.	Type of Insurance (TOI)	17.2 Other Liability - Occurrence Only
10.	Sub-Type of Insurance (Sub-TOI)	17.2001 Commercial General Liability
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	
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: 12/21/07 Renewal: 12/21/07
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	11/19/07
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

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 #	GL AR0031702F01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	n/a
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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	Dog Grooming and Contingent Veterinary Coverage	PI-DG-01 11/07	<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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		