

SERFF Tracking Number: WESA-125349865 State: Arkansas
Filing Company: United States Liability Insurance Company State Tracking Number: #25732 \$100
Company Tracking Number: PROF-EPL-07-29-R
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0010 Employment Practices Liability
Product Name: Employment Practices Liability
Project Name/Number: Employment Practices Liability Rule Filing/PROF-EPL-07-29

Filing at a Glance

Company: United States Liability Insurance Company

Product Name: Employment Practices Liability SERFF Tr Num: WESA-125349865 State: Arkansas

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #25732 \$100

Made/Occurrence

Sub-TOI: 17.0010 Employment Practices Liability Co Tr Num: PROF-EPL-07-29-R State Status: Fees verified and received

Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Westmont Associates Disposition Date: 11/26/2007

Date Submitted: 11/08/2007 Disposition Status: Filed

Effective Date Requested (New):

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

General Information

Project Name: Employment Practices Liability Rule Filing

Status of Filing in Domicile: Pending

Project Number: PROF-EPL-07-29

Domicile Status Comments: Filing was recently submitted to state of domicile.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 11/26/2007

State Status Changed: 11/26/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Submission of Employment Practices Liability Rule Filing

Company and Contact

Filing Contact Information

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

Jennifer Waldron,

jenb@westmontlaw.com

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25 Chestnut Street (856) 216-0220 [Phone]
Haddonfield, NJ 08033 (856) 216-0303[FAX]

Filing Company Information

United States Liability Insurance Company CoCode: 25895 State of Domicile: Pennsylvania
25 Chestnut Street Group Code: 31 Company Type: Property and
Casualty

Suite 105
Haddonfield, NJ 08033 Group Name: State ID Number:
(856) 216-0220 ext. [Phone] FEIN Number: 23-1383313

SERFF Tracking Number: WESA-125349865 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: AR Fee for Rules
Per Company: No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
25732	\$100.00	11/06/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	11/26/2007	11/26/2007

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Disposition

Disposition Date: 11/26/2007

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125349865 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	AR NAIC Forms	Filed	Yes
Supporting Document	Letter of Authorization	Filed	Yes
Supporting Document	AR Cover	Filed	Yes
Rate	Three Year Policy Premium Rule	Filed	Yes
Rate	Punitive Damages Coverage Rule	Filed	Yes

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Rate Information

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Three Year Policy Premium Rule	PL-1 (ed. 5/07)	New	3yr premium rule.pdf
Filed	Punitive Damages Coverage Rule	Page 1	New	EPL-163 Rule.pdf

**UNITED STATES LIABILITY INSURANCE COMPANY
PROFESSIONAL LIABILITY
RULE EXCEPTION**

Rule	Three Year Policy Premium
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When the applicable three-year policy term endorsement is attached, premium will be calculated by taking the premium from one Coverage Period based on rates approved for use at the inception date of the three-year policy term, and multiplying that premium by three.

Addendum to Employment Practices Liability Filing

ADDITIONAL MODIFICATIONS - CURRENT VERSION

There will be a 15% additional premium charge for Punitive Damages coverage.

This rule will be applicable to renewal business and new business on and after the approval date of this filing

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Supporting Document Schedules

Satisfied -Name: AR NAIC Forms **Review Status:** Filed 11/26/2007
Comments:
Attached are the NAIC transmittals.
Attachment:
AR Rates.pdf

Satisfied -Name: Letter of Authorization **Review Status:** Filed 11/26/2007
Comments:
Attached is the letter of authorization.
Attachment:
Westmont Authorization Letter.pdf

Satisfied -Name: AR Cover **Review Status:** Filed 11/26/2007
Comments:
Attached is the AR cover.
Attachment:
AR-R.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

AR _____

1. Reserved for Insurance Dept. Use Only

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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 #
Berkshire Hathaway, Inc.	0031

4. Company Name(s)	Domicile	NAIC #	FEIN #
United States Liability Insurance Company	PA	25895	23-1383313

5. Company Tracking Number	PROF-EPL-07-29-R
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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
Jennifer Waldron	Senior Analyst	(856) 216-0220	(856) 216-0303	jenb@westmontlaw.com
25 Chestnut Street, Suite 105 Haddonfield, NJ 08033				

7. Signature of authorized filer	Jennifer Waldron
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8. Please print name of authorized filer	Jennifer Waldron
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Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI),	Please select from the drop down list. 17.0 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.0010 Employment Practices Liability
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	n/a
12. Company Program Title (marketing title)	Employment Practices Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other: _____
14. Effective Date(s) Requested	New: <input type="checkbox"/> Upon earliest approval Renewal: <input type="checkbox"/> Upon earliest approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> (No)
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	11/7/07
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document ---

20.	This filing transmittal is part of Company Tracking #	PROF-EPL-07-29-R
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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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Submission of the Company's Employment Practices Liability product.

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]
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Check #: 25732

Amount: \$100.00

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.)**

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	PROF-EPL-07-29-R
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	PROF-EPL-07-29-F
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method Prior Approval, File & Use, Flex Band, etc.	File and Use
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
United States	n/a					
Insurance Company						

4b.	Rate Change by Company (As Accepted)	For State Use Only
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Company Name	Overall % Rate Impact	Written premium change for this program	S of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

Overall Rate Information (Complete for Multiple Company Filings only)			
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		COMPANY USE	STATE USE
5a.	Overall percentage rate impact for this filing	n/a	
5b.	Effect of Rate Filing - Written premium change for this program	n/a	
5c.	Effect of Rate Filing - Number of policyholders affected	n/a	

6.	Overall percentage of last rate revision	N/A
7.	Effective Date of last rate revision	N/A
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A

g.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Professional Liability Rule Exception - PL-1 (ed. 5/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02	Additional Modifications - Current Versions	<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	



UNITED STATES LIABILITY INSURANCE GROUP

A BERKSHIRE HATHAWAY COMPANY

190 South Warner Road, P.O. Box 6700, Wayne, PA 19087-4391
610.688.2535 888.523.5545 Fax 610.688.4391

May 30, 2007

RE: United States Liability Ins Company: NAIC #0031-25895 FEIN#23-1383313
Mount Vernon Fire Insurance Company NAIC #0031-26522 FEIN#23-1575334
U.S. Underwriters Insurance Company NAIC #0031-35416 FEIN#23-2049904

Dear Sir or Madam,

In accordance with the applicable statutes and regulations of your state, Nancy Stepanski and Westmont Associates, Inc. is hereby authorized to file form, rate and rule filings on behalf of the above captioned companies.

Sincerely,

Mark Miller
State Filings Manager
United States Liability Insurance Group
190 South Warner Road
Wayne, PA 19087-2191

1.888.523.5545 X586
Fax: 610.688.4391
mmiller@usli.com



**WESTMONT
ASSOCIATES, INC.**

November 6, 2007

The Honorable Julie Benafield-Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

Attn: Property and Casualty Division

**RE: United States Liability Insurance Company / NAIC #25895
Employment Practices Liability Product
Rule Filing
Company Filing Number: PROF-EPL-07-29-R
Effective Date: Upon Earliest Possible Approval**

Dear Commissioner Benafield-Bowman:

Enclosed you will find a rule submission being filed for the Company's Employment Practices Liability Product. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

Attached please find a rule page which explains how premium will be calculated when the Company issues their Three-Year Policy Term Endorsement.

In addition, a rule page is being filed which reflects how punitive damages coverage can be purchased. Please note that this rule was previously filed and approved but the endorsement that previously provided this coverage is no longer used by the Company. The Company's coverage form now provides the coverage and endorsement EPL-163 (9/07) removes the coverage for Insured's who do not wish to purchase it.

Finally, please note that a corresponding form filing has been submitted under Company Filing #: PROF-EPL-07-29-F.

We respectfully request your approval and/or acknowledgment of this submission, with the earliest permissible effective date.

Respectfully Submitted,

Jennifer Waldron

Jennifer Waldron
Senior Analyst
jenb@westmontlaw.com

Enclosures

Cc: N. Stepanski
M. Miller