

SERFF Tracking Number: XLAM-125324734 State: Arkansas
Filing Company: XL Specialty Insurance Company State Tracking Number: AR-PC-07-026444
Company Tracking Number: 07SD-XD-PL01-CW-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: Other Liability
Project Name/Number: Architects, Consultants & Engineers Form Filing/07SD-XD-PL01-CW-AR

Filing at a Glance

Company: XL Specialty Insurance Company

Product Name: Other Liability

TOI: 17.0 Other Liability - Claims
Made/Occurrence

Sub-TOI: 17.0019 Professional Errors &
Omissions Liability

Filing Type: Form

SERFF Tr Num: XLAM-125324734 State: Arkansas

SERFF Status: Closed

State Tr Num: AR-PC-07-026444

Co Tr Num: 07SD-XD-PL01-CW-
AR

State Status:

Co Status:

Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding

Author: Trish Pollard

Disposition Date: 11/06/2007

Date Submitted: 10/16/2007

Disposition Status: Approved

Effective Date Requested (New): 11/15/2007

Effective Date (New):

Effective Date Requested (Renewal): 11/15/2007

Effective Date (Renewal):

General Information

Project Name: Architects, Consultants & Engineers Form Filing

Project Number: 07SD-XD-PL01-CW-AR

Reference Organization:

Reference Title:

Filing Status Changed: 11/06/2007

State Status Changed: 10/16/2007

Corresponding Filing Tracking Number:

Filing Description:

XL Specialty Insurance Company is submitting forms AEC 188 (07/07), Rate Guarantee Endorsement to be used with our Professional Architects, Engineers and Consultants Liability program. This is a new form which does not replace any other form or endorsement.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

The purpose of the form is to allow XL Design Professional to offer qualifying firms a guarantee that the rate used to determine the current policy premium will be applied to determine the firm's premium for the following year, provided that there are no significant changes in ownership, project types, or disciplines, and that the loss ratio stays favorable

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 (below 55%).

Company and Contact

Filing Contact Information

Patricia Pollard, Compliance Analyst patricia.pollard@xlai.com
 1201 N. Market Street (302) 661-7010 [Phone]
 Wilmington, DE 19801 (302) 778-4190[FAX]

Filing Company Information

XL Specialty Insurance Company CoCode: 37885 State of Domicile: Delaware
 1201 N. Market Street Group Code: 1285 Company Type:
 Suite 501
 Wilmington, DE 19801 Group Name: State ID Number:
 (800) 394-3909 ext. [Phone] FEIN Number: 85-0277191

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: \$50 per form per company
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
XL Specialty Insurance Company	\$50.00	10/16/2007	16133199

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/06/2007	11/06/2007

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Disposition

Disposition Date: 11/06/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: XLAM-125324734 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Rate Guarantee Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Rate Guarantee Endorsement	AEE188	07-07	Endorsement/New/Amendment/Conditions		0.00	AEC 188 _0707_ Rate Guarantee End.pdf

This endorsement, effective 12:01 a.m., forms a part of Policy No.

issued to

by

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

RATE GUARANTEE ENDORSEMENT

Current Policy Schedule:

Current Policy Period	Current Gross Premium	Current Weighted Fees	Current Rate (Current Gross Premium÷Current Weighted Fees/100	Current 5 Year Incurred Loss Ratio

It is agreed that the INSURED shall have the option to renew this Policy for an additional one year POLICY PERIOD for a gross premium to be determined by applying the Current Rate identified in the Schedule above to the INSURED'S recalculated Weighted Fees, to be determined by the Company based upon the information furnished by the INSURED in its renewal application, provided that:

1. The INSURED'S 5 year incurred loss ratio does not exceed 55%;
2. There has been no material change in the INSURED'S project types or disciplines;
3. There has been no material change in ownership of any INSURED;
4. There has been no material misrepresentation made by the INSURED in any application for insurance;
5. The INSURED has fully complied with all terms and conditions of the Policy.

All other terms and conditions remain the same.

(Authorized Representative)

SERFF Tracking Number: *XLAM-125324734* *State:* *Arkansas*
Filing Company: *XL Specialty Insurance Company* *State Tracking Number:* *AR-PC-07-026444*
Company Tracking Number: *07SD-XD-PL01-CW-AR*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0019 Professional Errors & Omissions*
Product Name: *Other Liability*
Project Name/Number: *Architects, Consultants & Engineers Form Filing/07SD-XD-PL01-CW-AR*

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 11/06/2007

Comments:

Attachments:

NAIC Transmittal.pdf
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:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3. Group Name	Group NAIC #
XL America, Inc.	1285

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
XL Specialty Insurance Company	DE	37885	85-0277191	

5. Company Tracking Number	07SD-XD-PL01-CW-AR
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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
	Patricia Pollard 1201 N. Market, Suite 501 Wilmington, DE 19801	Senior State Filings Analyst	302-661-7059 866-304-3079	302-778-4190	Patricia.Pollard@xlgroup.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Patricia Pollard

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

9. Type of Insurance (TOI)	Other Liability
10. Sub-Type of Insurance (Sub-TOI)	Professional Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Architects, Engineers & Consultants Professional Liability
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: 11/15/2007 Renewal: 11/15/2007
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	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	07SD-XD-DP10-CW-AR
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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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XL Specialty Insurance Company is submitting forms AEC 188 (07/07), Rate Guarantee Endorsement to be used with our Professional Architects, Engineers and Consultants Liability program. This is a new form which does not replace any other form or endorsement.

The purpose of the form is to allow XL Design Professional to offer qualifying firms a guarantee that the rate used to determine the current policy premium will be applied to determine the firm's premium for the following year, provided that there are no significant changes in ownership, project types, or disciplines, and that the loss ratio stays favorable (below 55%).

The guaranteed rate will be determined by dividing the gross premium (gross of any PLEP/LOL credits) paid by the insured by the weighted fees for that policy year (the gross premium to be calculated pursuant to the XLDP rating plan on file). Upon renewal of the policy, the guaranteed rate will be multiplied by the newly calculated weighted fees to determine the premium charge for the renewal policy.

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 #: EFT
Amount: 50.00

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

Effective March 1, 2007

*****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 #	07SD-XD-PL01-CW-AR			
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	Rate Guarantee Endorsement	AEC188 (10/07)	<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		