

SERFF Tracking Number: ZURC-125354232 State: Arkansas
First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: CW GL 26771
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: CW GL 26771 - Broad Form Additional Insured
Project Name/Number: CW GL 26771 - Broad Form Additional Insured/CW GL 26771

Filing at a Glance

Companies: American Zurich Insurance Company, American Guarantee and Liability Insurance Company, Colonial American Casualty & Surety Company, Fidelity and Deposit Company of Maryland, Zurich American Insurance Company of Illinois, Zurich American Insurance Company, Empire Fire and Marine Insurance Company
Product Name: CW GL 26771 - Broad Form SERFF Tr Num: ZURC-125354232 State: Arkansas

Additional Insured

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50
Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: CW GL 26771 State Status: Fees verified and received

Filing Type: Form Co Status: Not Applicable Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: Carole Amato Disposition Date: 11/18/2007
Date Submitted: 11/12/2007 Disposition Status: Approved

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

General Information

Project Name: CW GL 26771 - Broad Form Additional Insured Status of Filing in Domicile: Not Filed
Project Number: CW GL 26771 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 11/18/2007
State Status Changed: 11/18/2007 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. This filing consists of one new endorsement: U-GL-1321-A CW ed. 10 07 - "Broad Form Additional Insured Coverage—Owners, Lessees or Contractors—Scheduled Person or Organization".

The coverage trigger for this form is:

- bodily injury or property damage or

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- personal and advertising injury
- caused in whole or in part by:
- the insured's acts or omissions or
 - the acts or omissions of those acting on the insured's behalf
- and resulting directly:
- from your on going operations
 - or the insured's work

as included in the products-completed operations hazard performed for the additional insured, which is the subject of the written agreement.

This form is primary with respect to a policy of insurance on which the additional insured is a named insured or if the written contract required that this coverage be primary. The policy of insurance is excess to any other policy available to the additional insured in which the additional insured on our policy is also covered as an additional insured by attachment of an endorsement to another policy providing for the same occurrence claim or suit.

This form grants insured status only to persons or entities listed on the endorsement schedule. It specifically includes coverage for the additional insured's sole negligence.

Rates for the use of this endorsement 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.

Company and Contact

Filing Contact Information

Carole Amato, Supervisor carol.amato@zurichna.com
1400 American Lane (847) 413-5235 [Phone]
Schaumburg, IL 60196-1056 (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:

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Schaumburg, IL 60196 Group Name: State ID Number:
 (847) 605-6000 ext. [Phone] FEIN Number: 36-3141762

American Guarantee and Liability Insurance CoCode: 26247 State of Domicile: New York
 Company
 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

Colonial American Casualty & Surety Company CoCode: 34347 State of Domicile: Maryland
 1400 American Lane Group Code: 212 Company Type:
 Schaumburg, IL 60196 Group Name: State ID Number:
 (847) 605-6000 ext. [Phone] FEIN Number: 52-1096670

Fidelity and Deposit Company of Maryland CoCode: 39306 State of Domicile: Maryland
 1400 American Lane Group Code: 212 Company Type:
 Schaumburg, IL 60196 Group Name: State ID Number:
 (847) 605-6000 ext. [Phone] FEIN Number: 13-3046577

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

Empire Fire and Marine Insurance Company CoCode: 21326 State of Domicile: Nebraska
 13810 FNB Parkway Group Code: 212 Company Type:
 Omaha, NE 68154-5202 Group Name: State ID Number:
 (402) 963-5000 ext. [Phone] FEIN Number: 47-6022701

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Zurich American Insurance Company	\$50.00	11/12/2007	16589032
Empire Fire and Marine Insurance Company	\$0.00	11/12/2007	
American Guarantee and Liability Insurance Company	\$0.00	11/12/2007	
Zurich American Insurance Company of Illinois	\$0.00	11/12/2007	
Colonial American Casualty & Surety Company	\$0.00	11/12/2007	
Fidelity and Deposit Company of Maryland	\$0.00	11/12/2007	
American Zurich Insurance Company	\$0.00	11/12/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/18/2007	11/18/2007

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Disposition

Disposition Date: 11/18/2007

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
Form	Broad Form Additional Insured Coverage-Owners, Lessees or Contractors-Sceduled Person or Organization	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Broad Form Additional Insured Coverage- Owners, Lessees or Contractors- Sceduled Person or Organization	U-GL-1321-A CW	10 07	Endorseme New nt/Amendm ent/Condi tions		0.00	UGL1321AC W 10 07.pdf

Broad Form Additional Insured Coverage –Owners, Lessees Or Contractors - Scheduled Person or Organization



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l. Prem	Return Prem.
					\$	\$

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Commercial General Liability Coverage Part

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Covered Operations

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. **Section II – Who Is An Insured** is amended to include as an insured the persons or organizations shown in the **SCHEDULE** above.
- B. The insurance provided to the additional insured applies only to “bodily injury”, “property damage” or "personal and advertising injury" covered under **Section I – Coverage A, Bodily Injury And Property Damage Liability** and **Section I – Coverage B, Personal And Advertising Injury Liability**, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused:
 - 1. In whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf; or
 - 2. Solely by acts or omissions of the additional insured, if coverage for sole acts or omissions of the additional insured is required by written contract or written agreement, and resulting from:
 - 1. Your ongoing operations; or
 - 2. “Your work” completed as included in the "products-completed operations hazard", performed for the additional insured at the location designated and described in the Schedule.
- C. However, regardless of the provisions of paragraphs **A.** and **B.** above:
 - 1. We will not extend any insurance coverage to the additional insured person or organization:
 - a. That is not provided to you in this policy; or

- b. That is any broader coverage than you are required to provide to the additional insured person or organization in the written contract or written agreement; and
- 2. We will not provide Limits of Insurance to the additional insured person or organization that exceed the lower of:
 - a. The Limits of Insurance provided to you in this policy; or
 - b. The Limits of Insurance you are required to provide in the written contract or written agreement.
- D. The insurance provided to the additional insured does not apply to:
 - 1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering or failure to render any professional architectural, engineering or surveying services including:
 - a. The preparing, approving, or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
 - b. Supervisory, inspection, architectural or engineering activities.
- E. The additional insured must see to it that:
 - 1. We are notified as soon as practicable of an "occurrence" or offense that may result in a claim:
 - 2. We receive written notice of a claim or "suit" as soon as practicable; and
 - 3. A request for defense and indemnity of the claim or "suit" will promptly be brought against any policy issued by another insurer under which the additional insured may be an insured in any capacity. This provision does not apply to insurance in which the additional insured is a Named Insured, if the written contract or agreement requires that this insurance be primary and non-contributory.
- F. For the coverage provided by this endorsement:
 - 1. The following paragraph is added to **4. Other Insurance of Section IV – Commercial General Liability Conditions**, under **a. Primary Insurance**:

This insurance is primary insurance as respects our coverage to the additional insured person or organization, where the written contract or written agreement requires that this insurance be primary and non-contributory. In that event, we will not seek contribution from any other insurance policy available to the additional insured on which the additional insured person or organization is a Named Insured.
 - 2. The following paragraph is added to **4. Other Insurance of Section IV – Commercial General Liability Conditions**, under **b. Excess Insurance**:

This insurance is excess over:

Any of the other insurance, whether primary, excess, contingent or on any other basis, available to an additional insured, in which the additional insured on our policy is also covered as an additional insured by attachment of an endorsement to another policy providing coverage for the same "occurrence", claim or "suit". This provision does not apply to any policy in which the additional insured is a Named Insured on such other policy and where our policy is required by written contract or written agreement to provide coverage to the additional insured on a primary and non-contributory basis

Any provisions in this Coverage Part not changed by the terms and conditions of this endorsement continue to apply as written.

SERFF Tracking Number: *ZURC-125354232* *State:* *Arkansas*
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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 11/18/2007

Comments:

Attachment:

NAIC Transmittal AR.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 border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name Zurich North America	Group NAIC #
	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Zurich American Ins. Co.	NY	16535	36-4233459	
American Guarantee & Liability Ins. Co.	NY	26247	36-6071400	
American Zurich Ins. Co.	IL	40142	36-2781080	
Empire Fire & Marine Ins. Co.	NE	21326	47-6022701	
Colonial American Casualty & Surety Co.	MD	34347	52-1096670	
Fidelity & Deposit Co. of Maryland	MD	39306	13-3046577	
Zurich American Ins. Co. of IL	IL	27855	36-2781080	

5. Company Tracking Number	CW GL 26771
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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
	Carole Amato 1400 American Lane Schaumburg, IL 60196	Analyst	847-413-5235	847-605-7768	carole.amato@zurichna.com

7. Signature of authorized filer	<i>Carole Amato</i>
8. Please print name of authorized filer	Carole Amato

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

9. Type of Insurance (TOI)	17
10. Sub-Type of Insurance (Sub-TOI)	Other
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	New GL Form
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: On approval Renewal: On approval
15. Reference Filing?	<input type="checkbox"/> Yes <input 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 #	CW GL 26771
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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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The purpose of this filing is to submit a new endorsement and rating rule to be offered to our contractor market. This filing consists of one new endorsement: U-GL-1321-A CW ed. 10 07 - "Broad Form Additional Insured Coverage—Owners, Lessees or Contractors—Scheduled Person or Organization".

The coverage trigger for this form is:

- bodily injury or property damage or
- personal and advertising injury

caused in whole or in part by:

- the insured's acts or omissions or
- the acts or omissions of those acting on the insured's behalf

and resulting directly:

- from your on going operations
- or the insured's work

as included in the products-completed operations hazard performed for the additional insured, which is the subject of the written agreement.

This form is primary with respect to a policy of insurance on which the additional insured is a named insured or if the written contract required that this coverage be primary. The policy of insurance is excess to any other policy available to the additional insured in which the additional insured on our policy is also covered as an additional insured by attachment of an endorsement to another policy providing for the same occurrence claim or suit.

This form grants insured status only to persons or entities listed on the endorsement schedule. It specifically includes coverage for the additional insured's sole negligence.

Rates for the use of this endorsement 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.

	Filing Fees (Filer must provide check # and fee amount if applicable)
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	[If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: EFT
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 26771
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2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	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	Broad Form Additional Insured Coverage-owners, Lessees or Contractors-Scheduled Person or Organization	U-GL-1321-A CW 10 07	[x] New Replacement [] Withdrawn		
02			[] New] Replacement [] Withdrawn		
03			[] New [] Replacement [] Withdrawn		
04			[] New [] Replacement [] Withdrawn		
05			[] New [] Replacement [] Withdrawn		
06			[] New [] Replacement [] Withdrawn		
07			[] New [] Replacement [] Withdrawn		
08			[] New [] Replacement [] Withdrawn		
09			[] New [] Replacement [] Withdrawn		
10			[] New [] Replacement [] Withdrawn		

PC FFS-1