

SERFF Tracking Number: PERR-125384167 State: Arkansas  
Filing Company: U.S. Specialty Insurance Company State Tracking Number: #101556 \$50  
Company Tracking Number: USS-OL-KR-AR-07-01-F  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2013 Kidnap & Ransom Liability  
Product Name: USS-OL-KR-AR-07-01-F  
Project Name/Number: USS-OL-KR-AR-07-01-F/USS-OL-KR-AR-07-01-F

## Filing at a Glance

Company: U.S. Specialty Insurance Company

Product Name: USS-OL-KR-AR-07-01-F

TOI: 17.2 Other Liability - Occurrence Only

Sub-TOI: 17.2013 Kidnap & Ransom Liability

Filing Type: Form

SERFF Tr Num: PERR-125384167 State: Arkansas

SERFF Status: Closed

Co Tr Num: USS-OL-KR-AR-07-01-F State Status: Fees verified and received

Co Status:

Authors: Faviola Jimenez, Thomas Yoo

Date Submitted: 12/12/2007

State Tr Num: #101556 \$50

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

Disposition Date: 12/26/2007

Disposition Status: Approved

Effective Date Requested (New): 01/13/2008

Effective Date Requested (Renewal): 01/13/2008

Effective Date (New):

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: USS-OL-KR-AR-07-01-F

Project Number: USS-OL-KR-AR-07-01-F

Reference Organization:

Reference Title:

Filing Status Changed: 12/26/2007

State Status Changed: 12/26/2007

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

On behalf of U.S. Specialty Insurance Company ("U.S. Specialty"), we are submitting this form filing to introduce the Kidnap & Ransom coverage filing in your jurisdiction. Please see the enclosed memorandum for additional details.

Please note the corresponding rate and rule filing is exempt from filing per 23-67-206

The Company respectfully requests that the proposed forms be implemented effective on January 13, 2008.

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Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. If there are any requests for additional information related to items in this filing, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

Please do not hesitate to contact us with any questions or comments.

## Company and Contact

### Filing Contact Information

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

Thomas Yoo, State Filings Project Coordinator

881 Alma Real Drive, Suite 205 (888) 201-5123 [Phone]  
 Pacific Palisades, CA 90272

### Filing Company Information

U.S. Specialty Insurance Company CoCode: 29599 State of Domicile: Texas  
 13403 Northwset Freeway Group Code: 984 Company Type:  
 Houston, TX 77040 Group Name: HCC Ins. Holdings State ID Number:

(713) 996-1115 ext. [Phone]

Group  
 FEIN Number: 52-1504975

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: AR charges \$50 per form filing.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
U.S. Specialty Insurance Company	\$0.00	12/12/2007	

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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
101556	\$50.00	12/11/2007

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/26/2007	12/26/2007

*SERFF Tracking Number:*      *PERR-125384167*                      *State:*                      *Arkansas*  
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*Project Name/Number:*      *USS-OL-KR-AR-07-01-F/USS-OL-KR-AR-07-01-F*

## **Disposition**

Disposition Date: 12/26/2007

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
Supporting Document	Filing Memo & Letter of Authorization	Approved	Yes
Form	Special Coverages Policy	Approved	Yes
Form	Accidental Death And Dismemberment	Approved	Yes
Form	Accidental Death And Dismemberment (Kidnap, Extortion, Detention)	Approved	Yes
Form	Accidental Death And Dismemberment (Workplace Violence)	Approved	Yes
Form	Additional Named Insureds	Approved	Yes
Form	Amended Asset Threshold Additional Named Insureds	Approved	Yes
Form	Amended Child Abduction Extension (#1)	Approved	Yes
Form	Amended Child Abduction Extension (#2)	Approved	Yes
Form	Amended Description Of Class	Approved	Yes
Form	Amended Inclusive Aggregate Wording	Approved	Yes
Form	Amended Inclusive Deductible Wording	Approved	Yes
Form	Amended Territory Wording	Approved	Yes
Form	Amended Travel Endorsement	Approved	Yes
Form	Asset Threshold Additional Named Insureds	Approved	Yes
Form	Broadened Description Of Class (#1)	Approved	Yes
Form	Broadened Description Of Class (#2)	Approved	Yes
Form	Child Abduction Extension	Approved	Yes
Form	Code Name Endorsement	Approved	Yes
Form	Computer Virus/Valued Business Interruption Extension	Approved	Yes
Form	Contingent Loss Of Earnings Extension	Approved	Yes
Form	Emergency Repatriation And Relocation Extension	Approved	Yes
Form	Extra Expense Extension	Approved	Yes
Form	Hospital Endorsement	Approved	Yes
Form	Infant Abduction Extension	Approved	Yes

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<b>Form</b>	Loss Of Earnings Extension	Approved	Yes
<b>Form</b>	Management Control Named Insured Wording	Approved	Yes
<b>Form</b>	Non-Cancellation Extension	Approved	Yes
<b>Form</b>	Recall/Destruction Extension (#1)	Approved	Yes
<b>Form</b>	Recall/Destruction Extension (#2)	Approved	Yes
<b>Form</b>	Recall/Destruction Extension (#3)	Approved	Yes
<b>Form</b>	School Endorsement	Approved	Yes
<b>Form</b>	Threat Response Expense Extension	Approved	Yes
<b>Form</b>	Workplace Violence Expense Extension	Approved	Yes
<b>Form</b>	Worldwide Inclusive Aggregate Wording	Approved	Yes
<b>Form</b>	Worldwide Inclusive Deductible Wording	Approved	Yes
<b>Form</b>	Arkansas State 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	Special Coverages Policy	SCP-1700	10/07	Policy/Coverage Form		0.00	SCP.pdf
Approved	Accidental Death And Dismemberment	SCP-1770	11/07	Endorsement/Conditions New		0.00	ADD Kidnap,Ext, Det, Rob, Holdup.pdf
Approved	Accidental Death And Dismemberment (Kidnap, Extortion, Detention)	SCP-1769	11/07	Endorsement/Conditions New		0.00	Accidental Death and Dis Kidnap Ext Det.pdf
Approved	Accidental Death And Dismemberment (Workplace Violence)	SCP-1771	11/07	Endorsement/Conditions New		0.00	Accidental Death Dis workplace vio.pdf
Approved	Additional Named Insureds	SCP-1772	11/07	Endorsement/Conditions New		0.00	Additional Named Insureds.pdf
Approved	Amended Asset Threshold Additional Named Insureds	SCP-1773	11/07	Endorsement/Conditions New		0.00	Amended Asset Threshold Add Named Insureds.pdf
Approved	Amended Child Abduction Extension (#1)	SCP-1774	11/07	Endorsement/Conditions New		0.00	Amended Child Abduction Ext 1.pdf
Approved	Amended Child Abduction Extension (#2)	SCP-1775	11/07	Endorsement/Conditions New		0.00	Amended Child Abduction

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Approved	Amended	SCP-1776 11/07	Endorsement/Amendment/Conditions	0.00	Amended Ext 2.pdf
	Description Of Class		nt/Amendment/Conditions		Desc of Class.pdf
Approved	Amended Inclusive Aggregate Wording	SCP-1777 11/07	Endorsement/Amendment/Conditions	0.00	Amended Inclusive Agg Wording.pdf
Approved	Amended Inclusive Deductible Wording	SCP-1778 11/07	Endorsement/Amendment/Conditions	0.00	Amended Inclusive Deduct Wording.pdf
Approved	Amended Territory Wording	SCP-1779 11/07	Endorsement/Amendment/Conditions	0.00	Amended Territory Wording.pdf
Approved	Amended Travel Endorsement	SCP-1780 11-07	Endorsement/Amendment/Conditions	0.00	Amended Travel End.pdf
Approved	Asset Threshold Additional Named Insureds	SCP-1781 11/07	Endorsement/Amendment/Conditions	0.00	Asset Threshold Add Named Insureds.pdf
Approved	Broadened Description Of Class (#1)	SCP-1782 11/07	Endorsement/Amendment/Conditions	0.00	Broadened Desc of Class 1.pdf
Approved	Broadened Description Of Class (#2)	SCP-1783 11/07	Endorsement/Amendment/Conditions	0.00	Broadened Desc of Class 2.pdf
Approved	Child Abduction Extension	SCP-1784 11/07	Endorsement/Amendment/Conditions	0.00	Child Abduction Extension.pdf
Approved	Code Name	SCP-1785 11/07	Endorsement New	0.00	Code name

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	Endorsement		nt/Amendm ent/Condi ons		End.pdf
Approved	Computer Virus/Valued Business Interruption Extension	SCP-1786 11/07	Endorseme New nt/Amendm ent/Condi ons	0.00	Comp Virus Valued Bus Inter Ext.pdf
Approved	Contingent Loss Of Earnings Extension	SCP-1787 11/07	Endorseme New nt/Amendm ent/Condi ons	0.00	Contingent Loss of Earnings Ext.pdf
Approved	Emergency Repatriation And Relocation Extension	SCP-1788 11/07	Endorseme New nt/Amendm ent/Condi ons	0.00	Emergency Repat and Relocation Ext.pdf
Approved	Extra Expense Extension	SCP-1789 11/07	Endorseme New nt/Amendm ent/Condi ons	0.00	Extra Expense Ext.pdf
Approved	Hospital Endorsement	SCP-1790 11/07	Endorseme New nt/Amendm ent/Condi ons	0.00	Hospital End.pdf
Approved	Infant Abduction Extension	SCP-1791 11/07	Endorseme New nt/Amendm ent/Condi ons	0.00	Infant Abduction Ext.pdf
Approved	Loss Of Earnings Extension	SCP-1792 11/07	Endorseme New nt/Amendm ent/Condi ons	0.00	Loss of Earnings Ext.pdf
Approved	Management Control Named Insured Wording	SCP-1793 11/07	Endorseme New nt/Amendm ent/Condi ons	0.00	Management Control Named Insured Wording.pdf
Approved	Non-Cancellation	SCP-1794 11/07	Endorseme New	0.00	Non

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	Extension		nt/Amendm ent/Condi ons		Cancellation Ext.pdf
Approved	Recall/Destructio n Extension (#1)	SCP-1795 11/07	Endorseme New nt/Amendm ent/Condi ons	0.00	Recall Destruction Ext 1.pdf
Approved	Recall/Destructio n Extension (#2)	SCP-1796 11/07	Endorseme New nt/Amendm ent/Condi ons	0.00	Recall Destruction Ext 2.pdf
Approved	Recall/Destructio n Extension (#3)	SCP-1797 11/07	Endorseme New nt/Amendm ent/Condi ons	0.00	Recall Destruction Ext 3.pdf
Approved	School Endorsement	SCP-1798 11/07	Endorseme New nt/Amendm ent/Condi ons	0.00	School End.pdf
Approved	Threat Response Expense Extension	SCP-1799 11/07	Endorseme New nt/Amendm ent/Condi ons	0.00	Threat Response Expense Ext.pdf
Approved	Workplace Violence Expense Extension	SCP-1800 11/07	Endorseme New nt/Amendm ent/Condi ons	0.00	Workplace Violence Expense Ext.pdf
Approved	Worldwide Inclusive Aggregate Wording	SCP-1801 11/07	Endorseme New nt/Amendm ent/Condi ons	0.00	Worldwide Inclusive Agg Wording.pdf
Approved	Worldwide Inclusive Deductible Wording	SCP-1802 11/07	Endorseme New nt/Amendm ent/Condi ons	0.00	Worldwide Inclusive Deduct Wording.pdf
Approved	Arkansas State Endorsement	SCP- 10/07 1700-AR	Endorseme New nt/Amendm ent/Condi	0.00	Arkansas State Endorsemen

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# SPECIAL COVERAGES POLICY

U.S. SPECIALTY INSURANCE COMPANY  
Houston, Texas



## DECLARATIONS

### SECTION I

**Policy Number:**

**1. Name and Address of Insured:**

**2. Policy Period: From To**

12:01 A.M. standard time at the address in Item 1.

**3. Insured Persons/Property:**

The insurance afforded is only with respect to such of the hazard parts and coverages indicated below. The limit of the Company's liability against each such hazard or combinations of hazards shall be as stated herein and in the attached hazard parts, subject to all the terms of the Policy and the hazard parts having reference thereto.

Class	Description of Class	Hazard Applicable	Territory
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**4. Limit of Liability:**

A. Each Loss

B. Annual Aggregate

**5. Deductible:** each and every loss.

**6. Person to whom Notice of Loss shall be given:**

**7. Amendatory Endorsement(s) executed simultaneously herewith:**

**8. Premium:**

by

**AUTHORIZED REPRESENTATIVE**

**Date**

# SPECIAL COVERAGES POLICY

## SECTION II

### LOSS DEFINED AND SCOPE OF COVERAGE HAZARDS 1, 2 AND 3 KIDNAP AND RANSOM, EXTORTION BODILY INJURY, DETENTION

The Company hereby agrees, subject to the terms, limitations and conditions set forth herein, to indemnify the Named Insured specified in Item 1 of the Declarations for LOSS (as hereinafter defined):

#### DESCRIPTION OF HAZARDS 1 AND 2

**Hazard 1. Kidnap/Ransom:**

by reason of the actual or alleged KIDNAPPING of an Insured Person, RELATIVE or GUEST while such person is within the territory described in Item 3 of the Declarations,

**Hazard 2. Extortion Bodily Injury:**

by reason of the receipt of a threat, communicated directly or indirectly to the INSURED to kill, injure or KIDNAP an Insured Person, RELATIVE or GUEST while such person is within the territory described in Item 3 of the Declarations;

provided always that:

- (a) such KIDNAPPING, alleged KIDNAPPING or threat first occurs during the period of this Policy, and
- (b) the ransom demand or threat is made specifically against the INSURED, and
- (c) at the time of the KIDNAPPING or threat such money or other consideration is not being carried by, transported by, or otherwise in the possession of the Insured Person, RELATIVE or GUEST so KIDNAPPED or threatened or is not on the premises where the KIDNAPPING or threat first occurred.

#### PERSONAL ASSETS

It is agreed that money or other consideration surrendered by, or on behalf of, any Insured Person, RELATIVE or GUEST protected hereunder, as the result of a KIDNAP ransom demand or threat communicated directly or indirectly to such person rather than to the Named Insured shall be deemed to be money or other consideration. of the Named Insured for the purposes of this Policy.

#### DESCRIPTION OF HAZARD 3

**Hazard 3. Detention:**

by reason of a DETENTION of an Insured Person, RELATIVE or GUEST first occurring during the Policy period; provided that, as respects Hazard 3, the Company shall not be liable for:

1) any DETENTION resulting from:

- (a) any violation or alleged violation of the laws of a host country by the INSURED or Insured Person(s), RELATIVE or GUEST, or
- (b) failure of the INSURED or an Insured Person, RELATIVE or GUEST to maintain and possess duly authorized and issued required documents and visas;

unless the Company shall determine such allegations were intentionally false, fraudulent and malicious and made solely to achieve a political, propaganda and/or coercive effect upon or at the expense of the Named Insured, Insured Person, RELATIVE or GUEST.

# SPECIAL COVERAGES POLICY

The Named Insured agrees to reimburse the Company for any payments made hereunder which are determined not to be covered because of the application of this exclusion.

- 2) any salary or wage payment by the Named Insured accruing to or on behalf of an Insured Person(s) from and after the time of death of such Insured Person(s).

## DEFINITION OF LOSS

For the purpose of Hazard 1 and 2, LOSS means the sum of monies or the monetary value of any other consideration surrendered by, or on behalf of, the INSURED as a ransom or extortion payment arising from one event or connected series of events involving one or more Insured Persons, RELATIVES or GUESTS.

For the purpose of Hazard 3, LOSS means the SALARIES and COSTS resulting from the DETENTION of an Insured Person, RELATIVE or GUEST.

## SECTION II

### LOSS DEFINED AND SCOPE OF COVERAGE HAZARD 4 EXTORTION PROPERTY DAMAGE

#### DESCRIPTION OF HAZARD 4

#### **Hazard 4. Extortion Property Damage:**

by reason of the receipt of a threat, communicated directly or indirectly to the INSURED to cause physical damage or loss to PROPERTY, including:

- (1) the pollution, contamination or alteration of stock and/or raw materials and/or finished goods, or
- (2) the dissemination, divulgence or utilization of TRADE SECRETS, or
- (3) the introduction of a computer virus designed to damage, destroy or corrupt the INSURED' S computerized data, or
- (4) the production of publicity that the Named Insured's products will be or have been contaminated, polluted or altered by persons who demand payment as a condition for not carrying out such a threat,

provided always that:

- (a) such PROPERTY is within the territory described in Item 3 of the Declarations, and
- (b) such threat is first made during the period of this Policy, and
- (c) the threat is made specifically against the INSURED and
- (d) at the time of the threat, such money or other consideration is not being carried by, transported by, or otherwise in the possession of, the Insured Person, RELATIVE or GUEST so threatened, or is not on the premises where the threat first occurred.

## PERSONAL ASSETS

It is agreed that money or other consideration surrendered by, or on behalf of, any Insured Person, RELATIVE or

# SPECIAL COVERAGES POLICY

GUEST protected hereunder, as the result of an extortion threat communicated, directly or indirectly, to such person rather than to the Named Insured shall be deemed to be money or other consideration of the Named Insured for the purposes of this Policy.

## DEFINITION OF LOSS

For the purpose of Hazard 4, LOSS means the sum of monies or the monetary value of any other consideration surrendered by or on behalf of the INSURED as an extortion payment arising from one event or connected series of events.

## SECTION III

### ADDITIONAL COVERAGE

The Company shall indemnify the INSURED for the following expenses (Items 1-7) incurred directly and solely as a result of an incident covered by any of the Hazards as shown in Item 3 of the Declarations.

1. **Transit:** the actual damage, destruction, disappearance, confiscation or wrongful abstraction of the ransom monies or other consideration while being conveyed by any person who is authorized by the INSURED to have custody thereof.

The Company's liability for Transit shall not exceed 100% of the Limit of Liability set forth in Item 4A of the Declarations and shall be payable in addition to said limit.

2. **Legal/Medical Expenses:** any legal fees, legal judgments, legal settlements, medical expenses or psychiatric expenses incurred by the INSURED based on or arising out of incidents insured by this Policy. The Company shall have no liability for legal fees or judgments pertaining to: (1) any dispute with the Company or (2) the use or disposal of contaminated or damaged PROPERTY. The INSURED agrees as a condition precedent to coverage hereunder for legal fees, legal judgments or legal settlements to cooperate with the Company in conducting the defense or in negotiating the settlement of any suit. The Company shall have no liability for medical expenses or psychiatric expenses incurred after the expiration of 24 months following the release of an Insured Person, RELATIVE or GUEST.

The Company's liability for Legal/Medical Expenses shall not exceed 100% of the Limit of Liability set forth in Item 4A of the Declarations and shall be payable in addition to said limit.

3. **Reward:** reward monies paid by the INSURED to an INFORMANT for information which leads to: (1) the arrest and conviction of parties responsible for any LOSS recoverable under this Policy or (2) the return of a KIDNAP or DETENTION victim or the return of the remains of said victim. The Company shall have no liability for any reward monies paid after the expiration of 90 days following the release of a KIDNAP or DETENTION victim.
4. **Reasonable Fees:** reasonable fees and expenses of persons retained by the INSURED to assist in negotiating any LOSS covered by this Policy, provided that the Company shall have given its consent to the use of those persons retained by the INSURED.
5. **Interest:** interest on any loan made to the INSURED for the purpose of paying a LOSS covered by this Policy, provided that the Company's liability for such interest will cease at the time it tenders payment to the INSURED of that part of the LOSS recoverable under this Policy. Furthermore, the period of the loan may not precede by a period of more than 30 days the date of payment of the ransom or extortion monies nor extend beyond the date that the INSURED receives reimbursement from the Company in respect of that part of the LOSS recoverable under this Policy.
6. **Other Expenses:** any other reasonable expenses incurred by the INSURED in investigating or paying a LOSS covered by this Policy, including but not limited to:

## SPECIAL COVERAGES POLICY

- (a) any accommodation expenses or travel expenses (at economy class fare) incurred by the INSURED, including the travel and accommodation expenses of: (1) a KIDNAPPING or DETENTION victim to rejoin his/her family upon the release of said victim and (2) an employee to replace said victim,
- (b) payment of SALARIES of Insured Persons while being held as a result of KIDNAPPING or a DETENTION for a period of sixty (60) days after the release of said Insured Persons, provided that the Insured Person has not yet returned to work,
- (c) the SALARY of any individual newly hired to conduct the duties of an Insured Person who is a victim of a KIDNAPPING or DETENTION for a period of sixty (60) days past the release of said Insured Persons, provided that such SALARY does not exceed that of the Insured Person who is the victim of the KIDNAPPING or DETENTION and provided that the victim has not returned to work,
- (d) any personal financial loss suffered by an Insured Person, RELATIVE or GUEST solely as a direct result of the physical inability of a KIDNAP or DETENTION victim to attend to personal financial matters during the period of confinement. Coverage as provided hereunder shall include, but not be limited to, failure to renew insurance contracts, failure to exercise stock options, and failure to respond to margin or loan calls by financial institutions,
- (e) the reasonable costs incurred by the Named Insured for wages of its salaried employees specifically assigned to assist in negotiating any LOSS covered by this Policy (not to exceed the employee's base hourly rate of pay), and reasonable expenses directly incurred in connection with such negotiations, provided that the Named Insured furnishes an itemized account of such employee's time, services and expenses,
- (f) fees and expenses of security guards retained by the INSURED for the purpose of protecting Insured Persons, RELATIVES, GUESTS or PROPERTY, provided that those persons specified in Item 6 of the Declarations shall have recommended the use of said security guards,
- (g) reasonable costs of advertising and communication and recording equipment incurred solely and directly to obtain the release of a KIDNAP or DETENTION victim,
- (h) fees and expenses of an independent public relations consultant and/or an interpreter,
- (i) fees and expenses of independent forensic analysis and
- (j) job retraining costs of KIDNAP or DETENTION victim, including but not limited to, the SALARY of said victim.

7. **Crisis Response:** all fees and expenses of those persons specified in Item 6 of the Declarations.

The Company's total liability for Reward, Reasonable Fees, Interest and Other Expenses (including any combination of any of the foregoing) under Items 3, 4, 5 and 6 above shall not exceed 100% of the Limit of Liability set forth in Item 4A of the Declarations and shall be payable in addition to said limit.

The Company's liability for fees and expenses under Item 7 above shall be unlimited and shall be payable in addition to the Limit of Liability set forth in Item 4A of the Declarations.

**The Deductible amount set forth in Item 5 of the Declarations shall not apply to any amounts payable under this Section III.**

### SECTION IV

# SPECIAL COVERAGES POLICY

## DEFINITIONS

1. **INSURED** means (1) the Named Insured designated in Item 1 of the Declarations, (2) the Insured Persons designated in Item 3 of the Declarations.
2. **RELATIVE** means an Insured Person's: spouse, common-law spouse, siblings, brothers-in-law, sisters-in-law, aunts, uncles, nieces, nephews, living ancestors (including a spouse's – or common-law spouse's --- living ancestors), step-parents, parents-in-law, lineal descendants, adopted children, foster children or step-children (including their spouses) – and those individuals legally resident in the home of an Insured Person.
3. **GUEST** means: (1) customers or invitees while on the Named Insured's premises, (2) any person while accompanying an Insured Person in a motor vehicle, aircraft or watercraft or while in the home of an Insured Person to whom the Named Insured and/or Insured Person has extended hospitality without compensation, (3) any person temporarily employed for the purpose of delivering a ransom or extortion payment and (4) domestics in service to Insured Persons.
4. **INFORMANT** means any person providing information not otherwise obtainable, solely in return for a monetary payment paid or promised by the INSURED.
5. **KIDNAP or KIDNAPPING** means the involuntary abduction of an Insured Person, RELATIVE or GUEST (including HIJACKING) and the holding of such person by persons who demand money or other consideration in exchange for the release of the captive person.
6. **HIJACKING** means the illegal holding under duress of an Insured Person, RELATIVE or GUEST on board an aircraft, watercraft or motorcraft.
7. **SALARY or SALARIES** means the direct compensation including bonuses and allowances the Named Insured pays to an Insured Person for personal services rendered, including foreign tax reimbursements, cost of living adjustments and the cost of any health, welfare or pension benefits, and will be based upon the rate of compensation paid to the victim at the time of the KIDNAPPING or DETENTION.
8. **COSTS** means reasonable costs incurred by the INSURED in negotiating the release of an Insured Person, RELATIVE or GUEST.
9. **TRADE SECRETS** means confidential information, including (but not limited to ) a formula, pattern, compilation, program, device, method, technique or process, which is used in the Named Insured's business, that derives from not being generally known to, and not being readily ascertainable by proper means by persons other than the Insured Persons, who can obtain economic value from its disclosure or use and, further, is the subject of reasonable efforts under the circumstances to maintain its secrecy.
10. **PROPERTY** means all real and personal property owned, controlled or leased by the INSURED or for which the INSURED is legally liable including fixtures, fittings, machinery and electronic data processing equipment and other contents.
11. **DETENTION** means an arbitrary and capricious act of involuntary confinement of an Insured Person, RELATIVE or GUEST.

## SECTION V

### GENERAL POLICY CONDITIONS

**1. Policy Period:** This Policy shall become effective upon the effective date shown in Item 2 of the Declarations, at 12:01 A.M. standard time at the address of the Named Insured stated in Item 1 thereof and shall continue in force, unless cancelled in accordance with General Policy Condition 15. until the expiration date stated in Item 2 of the Declarations.

**2. Limits of Liability:**

## SPECIAL COVERAGES POLICY

- (a) **Limit - Each Loss:** With respect to each Hazard or any combination thereof as set forth in Section II, the Company's total liability resulting from any LOSS shall not exceed the amount stated in Item 4A of the Declarations.
- (b) **Annual Aggregate:** The Company's total liability for all LOSSES arising out of all Hazards first occurring in any one Policy year shall not exceed the amount stated in Item 4B of the Declarations.
- (c) In the event any INSURED is covered by two or more Policies or Certificates issued by Professional Indemnity Agency, Inc., at least one of which being issued to another Named Insured, it is agreed that the Company's aggregate liability for LOSS sustained by any such INSURED shall not be cumulative and shall in no event exceed the largest amount available under any one of the Policies or Certificates.

**3. Deductible:** The Deductible amount stated in Item 5 of the Declarations shall be paid by the INSURED and shall be applicable to each LOSS (with the exception of Hazard 3). For purposes of the application of the Deductible, all LOSSES in connection with any one event or connected series of events shall be deemed to be one LOSS.

**4. Other Insurance:** This insurance shall be in excess of the amount of the applicable Deductible of this Policy and any other valid and collectible insurance available to the INSURED, whether such other insurance is stated to be primary, contributory, excess, contingent or otherwise, unless such other insurance is written only as specific excess insurance over the limits provided in this Policy.

**5. Valuation:** The Company shall not be liable for more than the actual cash value of any consideration at the time of its surrender. If LOSS and/or expense involves currency other than that of the United States of America, the Company shall not be liable for more than the United States Dollar equivalent of foreign currency based on the rate of exchange in New York in effect on the day the monies are surrendered and/or expense incurred.

**6. Recoveries:** If the INSURED shall sustain any LOSS and/or expense covered by this Policy, all recoveries (except from suretyship, insurance, reinsurance or indemnity taken by or for the benefit of the Company) on account of the LOSS and/or expense, less the actual cost of recovery, shall be distributed as follows:

The INSURED shall be reimbursed for any LOSS and/or expense which exceeds the amount of coverage provided by this Policy less the Deductible amount, the balance applied to reimbursement of the Company to the extent of its payment and any remainder paid to the INSURED. If there is no excess LOSS and/or expense, any such recoveries shall be distributed first in reimbursement to the Company to the extent of its payment and any remainder paid to the INSURED.

**7. Collusion or Fraud:** This Policy does not cover LOSS and/or expense due to fraudulent, dishonest or criminal act by an Insured Person, RELATIVE, GUEST or authorized representative (whether acting alone or in collusion with others) unless the person authorizing payment of the LOSS and/or expense had, prior to payment, made every reasonable attempt to determine that the ransom demand or threat was genuine.

**8. Notification:** Before surrendering any monies or other consideration the person authorizing the surrender shall have notified or made every reasonable attempt to notify:

- (a) the Federal Bureau of Investigation or local law enforcement agencies as soon as practicable bearing in mind the safety of the person(s) held or threatened, and
- (b) at least one other official of the Named Insured if the property to be surrendered is owned or held by the Named Insured or is property for which the Named Insured is legally liable.

**9. Discovery Period:** This Policy does not cover any LOSS and/or expense discovered later than twelve months after the expiry of the Policy Period specified in Item 2 of the Declarations.

**10. Multiple Insured's:** The inclusion herein of more than one INSURED shall not operate to increase the Company's limit of liability.

## SPECIAL COVERAGES POLICY

**11. Changes:** Notice to any agent or knowledge possessed by any agent or other person acting on behalf of the Company shall not effect a waiver or a change in any part of this Policy or estop the Company from asserting any right under the terms of this Policy, nor shall the terms of this Policy be waived or changed, except by endorsement issued to form a part of this Policy.

**12. Assignment:** Assignment of interest under this Policy shall not bind the Company unless its consent is endorsed hereon.

**13. Notice of Claim:** Written notice of a claim must be given to the persons identified in Item 6 of the Declarations as soon as practicable after any event which may lead to a LOSS and/or expense payment covered by this Policy.

**14. Proofs of Loss:** Written proof of LOSS and/or expense claim must be furnished to the Company c/o Professional Indemnity Agency, Inc., 37 Radio Circle Dr., Mt. Kisco, NY 10549, within ninety (90) days after the date of such LOSS and/or expense payment by the INSURED, or as soon as practicable.

**15. Cancellations:** This Policy may be cancelled by the Named Insured by surrender thereof to the Company or by mailing to the Company written notice stating when thereafter such cancellation shall be effective. If cancelled by the Named Insured, the Company shall retain the customary short rate proportion of the premium.

This Policy may be cancelled by the Company by mailing to the Named Insured written notice stating when, not less than ninety (90) days (or ten (10) days in the event of non-payment of premium) thereafter, such cancellation shall be effective. The mailing of notice as aforementioned shall be sufficient notice and the effective date of cancellation stated in the notice shall become the end of the Policy Period. Delivery of such written notice by the Named Insured or the Company shall be equivalent to mailing. If cancelled by the Company, earned premium shall be computed pro-rata. Premium adjustment may be made at the time cancellation is effected or as soon as practicable thereafter.

**16. Cooperation:** In the event of any LOSS and/or expense, the INSURED shall cooperate with the Company in all matters relating to this insurance. This may include attending hearings and trials, obtaining the attendance of witnesses, securing and giving evidence, assisting in conducting arbitration or other proceedings.

**17. Subrogation:** In the event of any payment under this Policy, the Company shall be subrogated to all of the INSURED's rights of recovery against any person or organization and the INSURED shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights.

**18. Legal Actions:** No action at law or in equity shall be brought to recover under this Policy after the expiration of 24 months or if written proof of loss has not been furnished in accordance with the requirements of this Policy.

**19. Conformity with State Statutes:** Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy was delivered or issued for delivery is hereby amended to conform to the minimum requirements of such statutes.

**20. Confidentiality:** The INSURED must at all times use best efforts to insure that knowledge of the existence of this insurance is restricted as far as possible.

# Endorsement

## ACCIDENTAL DEATH AND DISMEMBERMENT

(KIDNAP, EXTORTION, DETENTION, ROBBERY, HOLDUP)

The Company hereby agrees, subject to the terms, limitations and conditions set forth herein, to pay as per the Beneficiary Clause described below for loss (as hereinafter defined).

The Policy is extended to cover injury to an Insured Person, RELATIVE or GUEST sustained while such person is a victim of an incident covered by Hazard 1, 2, 3, 4, a Robbery or a Holdup or an attempt thereat.

The Company shall pay a benefit determined from the Table of Benefits if a Insured Person, RELATIVE or GUEST, sustains a loss stated therein resulting from injury, provided that:

- (a) such loss occurs within 365 days after the date of accident causing such loss; and
- (b) the benefit payable for any such loss shall be the benefit stated opposite such loss in said Table of Benefits, and the Maximum Benefit stated therein shall be the amount stated as Maximum Benefit; and
- (c) if more than one loss stated in said Table of Benefits is sustained as the result of an incident covered by Hazards 1, 2, 3, or 4 a Robbery or Holdup or an attempt threat, only one of the amounts so stated in said Table of Benefits, the largest, shall be payable.

### TABLE OF BENEFITS

<u>Description of Loss</u>	<u>Insured Person Benefit</u>
(a) For Loss of:	
- Life .....	The Maximum Benefit
- Both Hands or Both Feet or Sight of Both eyes .....	The Maximum Benefit
- One Hand and One Foot .....	The Maximum Benefit
- Either Hand or Foot and Sight of One Eye .....	The Maximum Benefit
- Either Hand or Foot .....	One-Half The Maximum Benefit
- Sight of One Eye .....	One-Half The Maximum Benefit
- Thumb and Index Finger of Either Hand .....	One-Quarter The Maximum Benefit
(b) For Loss by:	
- Mutilation .....	One-Quarter The Maximum Benefit
(c) Permanent Total Disability .....	The Maximum Benefit

The Maximum Benefit applicable to any one person is \$ \_\_\_\_\_

The Aggregate Limit for any one accident is \$ \_\_\_\_\_

The term "loss" as used herein shall mean with regard to hands and feet, actual severance through or above wrist or ankle joints; with regard to eyes, entire and irrecoverable loss of sight; with regard to thumb and index finger, actual severance through or above metacarpophalangeal joints or the total and irrecoverable loss of use of thumb and index finger, hands or feet.

The term "mutilation" as used herein shall mean loss by severance of an entire finger, toe, ear, nose or genital organ.

The term "injury" as used herein shall mean accidental bodily injuries from which loss results directly and independently of all other causes.

The term "permanent total disability" as used herein shall mean any mental or physical condition resulting from or attributable to an incident covered by Hazard 1, 2, 3, 4, a Robbery or a Holdup or an attempt threat which necessarily and continuously disables an Insured Person, RELATIVE or GUEST from attending to every aspect of their normal business or occupation for a period of twelve (12) calendar months and, at the end of such period is certified by two qualified medical practitioners approved by the Company as being beyond hope of improvement. If the Insured Person, RELATIVE or GUEST has no business occupation, the disablement must confine them immediately and continuously to the house and disable them from attending to their normal duties.

The Deductible amount set forth in Item 5 of the Declarations shall not apply to any amounts payable hereunder.

The Company's liability under this extension shall be in addition to the Limit of Liability set forth in Item 4A of the Declarations.

Beneficiary Clause: At the death of the Insured Person, RELATIVE or GUEST, the loss of life benefit shall be payable in one sum to the estate of the deceased; otherwise, any benefit shall be payable to the victim.

Exclusions: Nil.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,

forms a part of Policy No. \_\_\_\_\_

By: Liberty Insurance Underwriters, Inc.

Date endorsement issued: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

# Endorsement

## ACCIDENTAL DEATH AND DISMEMBERMENT (KIDNAP, EXTORTION, DETENTION)

The Company hereby agrees, subject to the terms, limitations and conditions set forth herein, to pay as per the Beneficiary Clause described below for loss (as hereinafter defined)

The Policy is extended to cover injury to an Insured Person, RELATIVE or GUEST, sustained while such person is a victim of an incident covered by Hazard 1, 2, 3 or 4 or an attempt thereat.

The Company shall pay a benefit determined from the Table of Benefits if an Insured Person, RELATIVE or GUEST, sustains a loss stated therein resulting from injury, provided that:

- (a) such loss occurs within 365 days after the date of injury causing such loss; and
- (b) the benefit payable for any such loss shall be the benefit stated opposite such loss in said Table of Benefits, and the Maximum Benefit stated herein shall be the amount stated as Maximum Benefit; and
- C) if more than one loss stated in the Table of Benefits is sustained as the result of an incident covered by Hazard 1, 2, 3 or 4 or an attempt thereat, only one of the amounts so stated in the Table of Benefits, the largest, shall be payable.

### TABLE OF BENEFITS

#### Description of Loss

#### Insured Person Benefit

(a) For Loss of:

- Life.....	The Maximum Benefit
- Both Hands or Both Feet or Sight of both eyes.....	The Maximum Benefit
- One Hand and One Foot.....	The Maximum Benefit
- Either Hand or Foot and Sight of One Eye.....	The Maximum Benefit
- Either Hand or Foot.....	One-Half The Maximum Benefit
- Sight of One Eye.....	One-Half The Maximum Benefit
- Thumb and Index Finger of Either Hand .....	One-Half The Maximum Benefit

(b) For Loss by:  
- Mutilation .....One-Quarter The Maximum Benefit  
(c) Permanent Total Disability..... The Maximum Benefit

The Maximum Benefit applicable to any one person is \$ \_\_\_\_\_

The Aggregate Limit for any one accident is \$ \_\_\_\_\_

The term “loss” as used herein shall mean with regard to hands and feet, actual severance through or above wrist or ankle joints; with regard to eyes, entire and irrecoverable loss of sight; with regard to thumb and index finger, actual severance through or above metacarpophalangeal joints; or the total and irrecoverable loss of use of thumb and index finger, hands or feet.

The term “mutilation” as used herein shall mean loss by actual severance or total and irrecoverable loss of use of an entire finger, toe, ear, nose or genital organ.

The term “injury” as used herein shall mean accidental bodily injuries from which loss results directly and independently of all other causes.

The term “permanent total disability” as used herein shall mean any mental or physical condition resulting from or attributable to an incident covered by Hazard 1, 2, 3 or 4 (or an attempt thereat) which necessarily and continuously disables an Insured Person, RELATIVE or GUEST from attending to every aspect of their normal business or occupation for a period of twelve (12) calendar months and, at the end of such period is certified by two qualified medical practitioners approved by the Company as being beyond hope of improvement. If the Insured Person, RELATIVE or GUEST has no business occupation, the disablement must confine them immediately and continuously to the house and disable them from attending to their normal duties.

The Deductible amount set forth in Item 5 of the Declarations shall not apply to any amount payable under this extension.

The Company’s liability under this extension shall be in addition to the Limit of Liability set forth in Item 4A of the Declarations.

Beneficiary Clause: At the death of the Insured Person, RELATIVE or GUEST, the loss of life benefit shall be payable in one sum to the estate of the deceased; otherwise, any benefit shall be payable to the victim.

Exclusions: Coverage hereunder shall not apply to any injury occurring during a robbery or hold-up.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,  
forms a part of Policy No. \_\_\_\_\_

By:

Date endorsement issued: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

# Endorsement

## ACCIDENTAL DEATH AND DISMEMBERMENT (WORKPLACE VIOLENCE)

The Company hereby agrees, subject to the terms, limitations and conditions set forth herein, to pay as per the Beneficiary Clause described below for loss (as hereinafter defined)

The Policy is extended to cover injury to an Insured Person or GUEST, sustained in consequence of an act of WORKPLACE VIOLENCE.

The Company shall pay a benefit determined from the Table of Benefits if an Insured Person or GUEST, sustains a loss stated therein resulting from injury, provided that:

- (a) such loss occurs within 365 days after the date of injury causing such loss; and
- (b) the benefit payable for any such loss shall be the benefit stated opposite such loss in said Table of Benefits, and the Maximum Benefit stated herein shall be the amount stated as Maximum Benefit; and
- (c) if more than one loss stated in said Table of Benefits is sustained as the result of one accident, only one of the amounts so stated in said Table of Benefits, the largest, shall be payable.

### TABLE OF BENEFITS

<u>Description of Loss</u>	<u>Insured Person Benefit</u>
(a) For Loss of:	
- Life.....	The Maximum Benefit
- Both Hands or Both Feet or Sight of Both eyes.....	The Maximum Benefit
- One Hand and One Foot.....	The Maximum Benefit
- Either Hand or Foot and Sight of One Eye.....	The Maximum Benefit
- Either Hand or Foot .....	One-Half The Maximum Benefit
- Sight of One Eye .....	One-Half The Maximum Benefit
- Thumb and Index Finger of Either Hand .....	One-Half The Maximum Benefit

(b) For Loss by:

- Mutilation .....One-Quarter The Maximum Benefit

The Maximum Benefit applicable to any one person is \$ \_\_\_\_\_

The Aggregate Limit for any one accident is \$ \_\_\_\_\_

The term "Workplace Violence" as used herein shall mean: any intentional and unlawful act of deadly force (or threat thereof) occurring on the premises of the Named Insured which involves the use or display of a lethal weapon and which has resulted (or could result) in: (1) bodily injury directed against an Insured Person or GUEST or (2) damage to (or destruction of) the Named Insured's PROPERTY.

The term "loss" as used herein shall mean with regard to hands and feet, actual severance through or above wrist or ankle joints. with regard to eyes, entire and irrecoverable loss of sight; with regard to thumb and index finger, actual severance through or above metacarpophalangeal joints or the total and irrecoverable loss of use of thumb and index finger, hands or feet.

The term "mutilation" as used herein shall mean loss by severance or total and irrecoverable loss of use of an entire finger, toe, ear, nose or genital organ.

The term "injury" as used herein shall mean accidental bodily injuries from which loss results directly and independently of all other causes.

The Deductible amount set forth in Item 5 of the Declarations shall not apply to any amounts payable under this extension.

The Company's liability under this extension shall be in addition to the Limit of Liability set forth in Item 4A of the Declarations.

Beneficiary Clause: At the death of the Insured Person or GUEST, the loss of life benefit shall be payable in one sum to the estate of the deceased; otherwise, any benefit shall be payable to the victim.

Exclusions: It is agreed that the limits provided by this endorsement and the limits provided by Endorsement 4\* \_ are in no way cumulative with those limits that may be payable to an Insured Person or GUEST who is a victim of an incident covered by Hazard 1, 2, 3 or 4 (if applicable) or an attempt thereat.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on at 12:01 A.M. standard time,  
forms a part of Policy No.

By:

Date endorsement issued:

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Authorized Representative

# Endorsement

## ADDITIONAL NAMED INSUREDS

It is agreed that Section I - Item 1 (Name of Insured) of the Declarations shall be automatically amended to include any newly acquired subsidiary for a period of ninety (90) days from the date of acquisition, provided that no similar insurance is in existence for such newly acquired subsidiary. If coverage is desired beyond the ninety (90) day period, written notice must be made to the Company and inclusion specifically endorsed on the Policy.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,

forms a part of Policy No.

By:

Date endorsement issued:

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Authorized Representative

# Endorsement

## AMENDED ASSET THRESHOLD ADDITIONAL NAMED INSUREDS

It is agreed that Section I - Item 1 (Name of Insured) of the Declarations shall be automatically amended to include any newly acquired subsidiary, provided that no similar insurance is in existence for such subsidiary and provided that, at the time of acquisition, the total assets do not exceed % of the assets as reported in the Named Insured's latest financial statement and provided that such subsidiary does not have any employees domiciled in \_\_\_\_\_ . If, at the time of acquisition, the assets of such subsidiary exceed % of the total assets as reported in the Named Insured's latest financial statement, or, if the subsidiary does have employees domiciled in any of the aforementioned locations, the coverage hereunder will be amended to include said subsidiary for a period of ninety (90) days from the date of acquisition, provided that no similar insurance is in existence for such newly acquired subsidiary; if coverage is desired beyond the ninety (90) day period, written notice must be made to the Company and inclusion specifically endorsed on the Policy.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,

forms a part of Policy No.

By:

Date endorsement issued:

\_\_\_\_\_  
Authorized Representative

# Endorsement

## AMENDED CHILD ABDUCTION EXTENSION (#1)

IT IS AGREED THAT THE PREAMBLE TO SECTION III DOES NOT APPLY TO THIS EXTENSION OF COVERAGE.

It is further agreed that Section III - Item 6 shall be amended to include the following:

(1) reasonable fees and reasonable expenses of a public relations consultant incurred during the period of the ABDUCTION and up to thirty days thereafter solely and directly for work carried out as a result of said ABDUCTION,

(2) costs of publicity incurred solely and directly in order to locate a COVERED CHILD,

(3) costs of psychiatric counseling for the benefit of a COVERED CHILD or the PARENT(S) or the siblings of a COVERED CHILD,

(4) costs for medical services and hospitalization for a COVERED CHILD beginning on the date of recovery of the COVERED CHILD and continuing for a maximum of twenty-four months thereafter,

(5) funeral and burial expenses of a COVERED CHILD in the event of the death of the COVERED CHILD caused solely and directly as a result of an ABDUCTION,

(6) reward moneys paid by the Named Insured to an INFORMANT for information which leads to the location of the COVERED CHILD and the arrest and conviction of the party (or parties) responsible for the ABDUCTION up to a maximum limit of \$ 250,000. per ABDUCTION,

(7) reasonable costs of travel and accommodation incurred by the Named Insured or the PARENT(S) solely and directly as a result of an ABDUCTION,

(8) reasonable fees and reasonable expenses of Corporate Risk International or persons retained by the Named Insured (with the prior written authorization of the Company) to assist in the location and return of a COVERED CHILD following the ABDUCTION of said COVERED CHILD,

(9) 100% of the PARENT(S) ' loss of gross salary (including bonuses and allowances) during the period of the ABDUCTION until seven days after the COVERED CHILD'S release or twelve months after the date of the ABDUCTION, whichever shall occur first,

(10) fees and expenses of independent forensic analysts engaged by the Insured or the Parent,

(11) any other reasonable expenses necessarily incurred by the PARENT(S) solely and directly as a result of the ABDUCTION.

The inclusion of more than one COVERED CHILD in one ABDUCTION shall not operate to increase the Company's liability.

Coverage hereunder shall not apply to any legal expenses, judgements or settlements howsoever arising.

For purposes of this endorsement, the following definitions shall apply:

ABDUCTION shall mean the illegal taking of a COVERED CHILD from the premises of the Named Insured by someone other than a PARENT of said COVERED CHILD.

COVERED CHILD shall mean a child from the age of 24 months up to ten years of age, who is registered and in the care, custody and control of the Named Insured.

INFORMANT shall mean any person providing information not otherwise obtainable, solely in return for monetary payments made or promised by the Named Insured or PARENT(S) of a COVERED CHILD.

PARENT(S) shall mean the custodial parent(s) or legal guardian(s) of a COVERED CHILD or any individual duly authorized by the custodial parent(s) or legal guardian(s) to have custody of the COVERED CHILD.

It is agreed that the Company's maximum limit of liability for all expenses under this extension shall not exceed \$ \_\_\_\_\_ . per ABDUCTION.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,  
forms a part of Policy No. \_\_\_\_\_

By:

Date endorsement issued:

\_\_\_\_\_  
Authorized Representative

# Endorsement

## AMENDED CHILD ABDUCTION EXTENSION (#2)

IT IS AGREED THAT THE PREAMBLE TO SECTION III DOES NOT APPLY TO THIS EXTENSION OF COVERAGE.

It is further agreed that Section III - Item 6 shall be amended to include the following:

(1) reasonable fees and reasonable expenses of a public relations consultant incurred during the period of the ABDUCTION and up to thirty days thereafter solely and directly for work carried out as a result of said ABDUCTION,

(2) costs of publicity incurred solely and directly in order to locate a COVERED CHILD,

(3) costs of psychiatric counseling for the benefit of a COVERED CHILD or the PARENT(S) or the siblings of a COVERED CHILD,

(4) costs for medical services and hospitalization for a COVERED CHILD beginning on the date of recovery of the COVERED CHILD and continuing for a maximum of twenty—four months thereafter,

(5) funeral and burial expenses of a COVERED CHILD in the event of the death of the COVERED CHILD caused solely and directly as a result of an ABDUCTION,

(6) reward moneys paid by the Named Insured to an INFORMANT for information which leads to the location of the COVERED CHILD and the arrest and conviction of the party (or parties) responsible for the ABDUCTION up to a maximum limit of \$ 250,000. per ABDUCTION,

(7) reasonable costs of travel and accommodation incurred by the Named Insured or the PARENT(S) solely and directly as a result of an ABDUCTION,

(8) reasonable fees and reasonable expenses of Corporate Risk International or persons retained by the Named Insured (with the prior written authorization of the Company) to assist in the location and return of a COVERED CHILD following the ABDUCTION of said COVERED CHILD,

(9) 100% of the PARENT(S) ' loss of gross salary (including bonuses and allowances) during the period of the ABDUCTION until seven days after the COVERED CHILD'S release or twelve months after the date of the ABDUCTION, whichever shall occur first,

(10) fees and expenses of independent forensic analysts engaged by the Insured or the Parent,

(11) any other reasonable expenses necessarily incurred by the PARENT(S) solely and directly as a result of the ABDUCTION.

The inclusion of more than one COVERED CHILD in one ABDUCTION shall not operate to increase the Company's liability.

Coverage hereunder shall not apply to any legal expenses, judgements or settlements howsoever arising.

For purposes of this endorsement, the following definitions shall apply:

ABDUCTION shall mean the illegal taking of a COVERED CHILD from the premises of any location owned or operated by the Named Insured by someone other than a PARENT of said COVERED CHILD.

COVERED CHILD shall mean a child of up to ten years of age, who is on the premises of any location owned or operated by the Named Insured.

INFORMANT shall mean any person providing information not otherwise obtainable, solely in return for monetary payments made or promised by the Named Insured or PARENT(S) of a COVERED CHILD.

PARENT(S) shall mean the custodial parent(s) or legal guardian(s) of a COVERED CHILD or any individual duly authorized by the custodial parent(s) or legal guardian(s) to have custody of the COVERED CHILD.

It is agreed that the Company's maximum limit of liability for all expenses under this extension shall not exceed \$ \_\_\_\_\_ . per ABDUCTION.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,

forms a part of Policy No.

By:

Date endorsement issued:

\_\_\_\_\_  
Authorized Representative

# Endorsement

## AMENDED DESCRIPTION OF CLASS

It is agreed that Section I - Item 3 (Description of Class) of the Declarations shall be amended to read as follows:

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,

forms a part of Policy No.

By:

Date endorsement issued:

\_\_\_\_\_  
Authorized Representative

# Endorsement

## AMENDED INCLUSIVE AGGREGATE WORDING

It is agreed that, as respects all incidents covered by this Policy first arising in \_\_\_\_\_, the following is hereby deleted from item 1. (Transit) in Section III (Additional Coverages):

“The Company’s liability for Transit shall not exceed 100% of the Limit of Liability set forth in Item 4A of the Declarations and shall be payable in addition to said limit.”

It is further agreed that, as respects all incidents covered by this Policy first arising in \_\_\_\_\_, the following is hereby deleted from item 2. (Legal/Medical Expenses) in Section III (Additional Coverages):

“The Company’s liability for Legal/Medical Expenses shall not exceed 100% of the Limit of Liability set forth in Item 4A of the Declarations and shall be payable in addition to said limit.”

It is further agreed that, as respects all incidents covered by this Policy first arising in \_\_\_\_\_, the following is hereby deleted from Section III (Additional Coverages)

“The Company’s total liability for Reward, Reasonable Fees, Interest and Other Expenses (including any combination of any of the foregoing) under Items 3, 4, 5, and 6 above shall not exceed 100% of the Limit of Liability set forth in Item 4A of the Declarations and shall be payable in addition to said limit.

The Company’s liability for fees and expenses under Item 7 above shall be unlimited and shall be payable in addition to the Limit of Liability set forth in Item 4A of the Declarations.”

Notwithstanding Section V (General Policy Conditions) - Item 3 (b), it is further agreed that the Company’s maximum annual aggregate limit of liability for all LOSSES and/or expenses payable under Section II and Section III (including the fees and expenses of Corporate Risk International or any other persons retained by the INSURED pursuant to the terms of Section III - Item 4) first arising in \_\_\_\_\_, shall not exceed \$ \_\_\_\_\_

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,  
forms a part of Policy No. \_\_\_\_\_

By:

Date endorsement issued: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

# Endorsement

## AMENDED INCLUSIVE DEDUCTIBLE WORDING

Notwithstanding the provisions of Section V (General Policy Conditions) - Item 4 (Deductible), it is agreed that the Deductible of \$ \_\_\_\_\_ . shall apply to all LOSSES and/or expenses payable under Section II and Section III (including crisis response fees and expenses of Corporate Risk International or any other persons retained by the INSURED pursuant to the terms of Section III - Item 4) in connection with each covered incident first arising in

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,  
forms a part of Policy No. \_\_\_\_\_

By:

Date endorsement issued:

\_\_\_\_\_  
Authorized Representative

# Endorsement

## AMENDED TERRITORY WORDING

It is agreed that Section I - Item 3 (Territory) of the Declarations shall be amended to read as follows:

Worldwide excluding \_\_\_\_\_

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,

forms a part of Policy No.

By:

Date endorsement issued:

\_\_\_\_\_  
Authorized Representative

# Endorsement

## AMENDED TRAVEL ENDORSEMENT

It is agreed that coverage for LOSS and/or expense first arising in \_\_\_\_\_ only apply as respects Hazards 1, 2 and 3 and shall apply only to employees of the Named Insured travelling in \_\_\_\_\_ for a period of \_\_\_\_\_.

In the event any of the aforementioned individuals are in for a period longer than \_\_\_\_\_, coverage for said individuals will be effective only for a period of exactly \_\_\_\_\_ days immediately after the individual's/individuals' date of entry into \_\_\_\_\_.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,  
forms a part of Policy No. \_\_\_\_\_

By:

Date endorsement issued:

\_\_\_\_\_  
Authorized Representative

# Endorsement

## ASSET THRESHOLD ADDITIONAL NAMED INSUREDS

It is agreed that Section I - Item 1 (Name of Insured) of the Declarations shall be automatically amended to include any newly acquired subsidiary provided that no similar insurance is in existence for such newly acquired subsidiary and provided that, at the time of acquisition, the total assets do not exceed \_\_\_\_ % of the total assets of the Named Insured as reported in the latest financial statement. If the total assets exceed \_\_\_\_ % of the total assets of the Named Insured, the coverage hereunder will be amended to include the newly acquired subsidiary for a period of ninety (90) days from the date of acquisition, provided that no similar insurance is in existence for such newly acquired subsidiary. If coverage is desired beyond the ninety (90) day period, written notice must be made to Company and inclusion specifically endorsed on the Policy.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,

forms a part of Policy No.

By:

Date endorsement issued:

\_\_\_\_\_  
Authorized Representative

# Endorsement

## BROADENED DESCRIPTION OF CLASS (#1)

It is agreed that Section I - Item 3 (Description of Class) of the Declarations shall be amended to include the following individuals:

...under written contract to perform services for the Named Insured

provided, however, as respects Hazards 1, 2 and 4, coverage for the aforementioned individuals shall apply only as respects ransom and/or extortion demands made against the Named Insured. Furthermore, as respects Hazards 1, 2, 3 and 4, it is agreed that coverage for these individuals shall apply only while said individuals are performing services for the Named Insured.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,  
forms a part of Policy No. \_\_\_\_\_

By:

Date endorsement issued: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

# Endorsement

## BROADENED DESCRIPTION OF CLASS (#2)

It is agreed that Section I - Item 3 (Description of Class) of the Declarations shall be amended to include the following individuals:

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,

forms a part of Policy No.

By:

Date endorsement issued:

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Authorized Representative

# Endorsement

## CHILD ABDUCTION EXTENSION

IT IS AGREED THAT THE PREAMBLE TO SECTION III DOES NOT APPLY TO THIS EXTENSION OF COVERAGE.

It is further agreed that Section III - Item 6 shall be amended to include the following:

- (1) reasonable fees and reasonable expenses of a public relations consultant incurred during the period of the ABDUCTION and up to thirty days thereafter solely and directly for work carried out as a result of said ABDUCTION,
- (2) costs of publicity incurred solely and directly in order to locate a COVERED CHILD,
- (3) costs of psychiatric counseling for the benefit of a COVERED CHILD or the PARENT(S) or the siblings of a COVERED CHILD,
- (4) costs for medical services and hospitalization for a COVERED CHILD beginning on the date of recovery of the COVERED CHILD and continuing for a maximum of twenty-four months thereafter,
- (5) funeral and burial expenses of a COVERED CHILD in the event of the death of the COVERED CHILD caused solely and directly as a result of an ABDUCTION,
- (6) reward moneys paid by the Named Insured to an INFORMANT for information which leads to the location of the COVERED CHILD and the arrest and conviction of the party (or parties) responsible for the ABDUCTION up to a maximum limit of \$ 250,000. per ABDUCTION,
- (7) reasonable costs of travel and accommodation incurred by the Named Insured or the PARENT(S) solely and directly as a result of an ABDUCTION,
- (8) reasonable fees and reasonable expenses of Corporate Risk International or persons retained by the Named Insured (with the prior written authorization of the Company) to assist in the location and return of a COVERED CHILD following the ABDUCTION of said COVERED CHILD,
- (9) 100% of the PARENT(S) loss of gross salary (including bonuses and allowances) during the period of the ABDUCTION until seven days after the COVERED CHILD S release or twelve months after the date of the ABDUCTION, whichever shall occur first,

(10) fees and expenses of independent forensic analysts engaged by the Insured or the Parent,

(11) any other reasonable expenses necessarily incurred by the PARENT(S) solely and directly as a result of the ABDUCTION.

The inclusion of more than one COVERED CHILD in one ABDUCTION shall not operate to increase the Company's liability.

Coverage hereunder shall not apply to any legal expenses, judgments or settlements howsoever arising.

For purposes of this endorsement, the following definitions shall apply:

ABDUCTION shall mean the illegal taking of a COVERED CHILD from the premises of the Named Insured by someone other than a PARENT of said COVERED CHILD.

COVERED CHILD shall mean a child of up to ten years of age, who is registered and in the care, custody and control of the Named Insured.

INFORMANT shall mean any person providing information not otherwise obtainable, solely in return for monetary payments made or promised by the Named Insured or PARENT(S) of a COVERED CHILD.

PARENT(S) shall mean the custodial parent(s) or legal guardian(s) of a COVERED CHILD or any individual duly authorized by the custodial parent(s) or legal guardian(s) to have custody of the COVERED CHILD,

It is agreed that the Company's maximum limit of liability for all expenses under this extension shall not exceed \$ per ABDUCTION.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,

forms a part of Policy No. \_\_\_\_\_

By:

Date endorsement issued: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

# Endorsement

## CODE NAME ENDORSEMENT

It is agreed that Section I - Item 1 (Name and Address of Insured) of the Declarations shall be amended to read as follows:

\_\_\_\_\_ AND ANY  
SUBSIDIARY NOW EXISTING OR  
HEREAFTER CREATED.

It is agreed that, for the purposes of this Policy, a subsidiary shall mean any entity in which a Named Insured owns more than 50% of the voting stock.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,

forms a part of Policy No.

By:

Date endorsement issued:

\_\_\_\_\_  
Authorized Representative

# Endorsement

## COMPUTER VIRUS/VALUED BUSINESS INTERRUPTION EXTENSION

It is agreed that Section III - Item 6 is amended by adding the following:

(j) payment of a Daily Limit of Liability as hereinafter defined for each WORK DAY the Named Insured's business operations are interrupted due to a ransom or extortion demand involving a computer virus, the payment of which would constitute a LOSS under Section II. Such Daily Limit of Liability shall be equal to \$ \_\_\_\_\_. any one WORK DAY and shall be payable up to a maximum of consecutive WORK DAYS. Coverage under this extension will commence hours after the actual interruption of business operations. Underwriters' maximum limit of liability under this extension shall never exceed the limit of liability set forth in Section I - Item 4A of the Schedule.

### Due Diligence

The Named Insured shall use due diligence and dispatch to minimize the period of business interruption and shall cooperate with Underwriters' representatives and law enforcement agencies during such period of interruption.

Section IV - DEFINITIONS is amended as respects this extension as follows:

WORK DAY means a period of twenty-four hours beginning at midnight, and during which the operations of the Named Insured were or normally would be performed.

It is further agreed that the limits provided by this endorsement and the limits provided by endorsement #\_ are in no way cumulative.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,

forms a part of Policy No.

By:

Date endorsement issued:

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Authorized Representative

# Endorsement

## CONTINGENT LOSS OF EARNINGS EXTENSION

It is agreed that Endorsement # \_ is extended to include the actual loss of EARNINGS sustained by the INSURED solely and directly as the result of an order by a civil authority to cease, wholly or in part, the Named Insured's business as a result of an extortion threat to damage property contiguous to the Named Insured's premises.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,

forms a part of Policy No.

By:

Date endorsement issued:

\_\_\_\_\_  
Authorized Representative

# Endorsement

## EMERGENCY REPATRIATION AND RELOCATION EXTENSION

IT IS AGREED THAT THE PREAMBLE TO SECTION III DOES NOT APPLY TO THIS EXTENSION OF COVERAGE.

It is further agreed that Section III - Item 6 (Additional Coverages) shall be amended to include Insured Losses hereinafter defined, and sustained by the Named Insured or a Insured Person, RELATIVE or GUEST in connection with EMERGENCY REPATRIATION and RELOCATION necessitated by:

- (1) The officials of the RESIDENT COUNTRY issuing, for reasons other than medical, a recommendation that categories of persons which include Insured Persons, RELATIVES or GUESTS should leave the country in which such persons are temporarily resident, and/or
- (2) An Insured Person, RELATIVE OR GUEST being expelled or declared ‘persona non grata’ on the written authority of the recognized government of the country of temporary residence, and/or
- (3) The wholesale seizure, confiscation or expropriation of the property, plant and equipment of the Named Insured.

For the purposes of this endorsement, Insured Losses shall be deemed to mean:

- (1) Costs incurred by the Named Insured or an Insured Person, RELATIVE or GUEST for passage to the nearest place of safety or to the RESIDENT COUNTRY;
- (2) Reasonable accommodation costs incurred by the Named Insured or an Insured Person, RELATIVE or GUEST while the subject of an EMERGENCY REPATRIATION for a maximum of seven days;
- (3) Economy class fares on any licensed common carrier operating from a published timetable incurred by the Named Insured or an Insured Person, RELATIVE or GUEST for the RELOCATION of said individuals. Said fares to be reimbursable for a period of twelve (12) months following the REPATRIATION.
- (4) the SALARY (as defined in Section IV) paid by the Named Insured to an Insured Person at the rate in effect immediately prior to the INSURED EVENT. Said SALARY to be reimbursable for a maximum of three months following the EMERGENCY REPATRIATION, or until the date of RELOCATION, whichever occurs first.

## CONDITIONS

It is agreed that, as respects coverage provided hereunder for EMERGENCY REPATRIATION, the Named Insured and/or Insured Persons, RELATIVES or GUESTS shall be indemnified solely for the costs of transportation by economy fares unless unavailable, clearly impractical or unless travel by any other class of service is essential to ensure the safety of an Insured Person, RELATIVE or GUEST.

It is further agreed that coverage provided by this extension shall apply once per Insured Person, RELATIVE or GUEST per INSURED EVENT.

## DEFINITIONS

For the purposes of this endorsement, the following definitions shall apply.

(1) INSURED EVENT means the Emergency Repatriation and Relocation of an Insured Person, RELATIVE or GUEST or, in the event of death, the remains of said individuals.

2) RELOCATION means the return of an Insured Person, RELATIVE or GUEST who has been the subject of an EMERGENCY REPATRIATION to the country from which he/she had been repatriated.

(3) EMERGENCY REPATRIATION means the return of an Insured Person, RELATIVE or GUEST to his/her RESIDENT COUNTRY.

(4) RESIDENT COUNTRY means the country of which an Insured Person, RELATIVE or GUEST is a national.

## EXCLUSIONS

It is further agreed that coverage shall not apply to Insured Losses sustained by the Named Insured or an Insured Person, RELATIVE or GUEST attributable to:

(1) Violation by the Named Insured or an Insured Person, RELATIVE or GUEST of the laws or regulations of the country in which the EMERGENCY REPATRIATION and RELOCATION takes place.

(2) The failure of the Named Insured or Insured Person, RELATIVE or GUEST to properly procure or maintain immigration, work, residence or similar type visas, permits or documents.

(3) A debt, insolvency, commercial failure or repossession of any property by a title holder or any other financial cause.

(4) The failure of the Named Insured or Insured Person, RELATIVE or GUEST to honor any contractual obligation or bond or to adhere to any condition(s) in a license.

(5) The EMERGENCY REPATRIATION or RELOCATION of Insured Persons, RELATIVES or GUESTS who are nationals in the country in which such EMERGENCY REPATRIATION or RELOCATION takes place.

(6) EMERGENCY REPATRIATION or RELOCATION arising out of natural disasters including (but not limited to) earthquake, flood, fire, famine, volcanic eruption, windstorm or:

(a) ionizing radiations or contamination by radio activity from any irradiated nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or

(b) the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component thereof.

It is further agreed that, as respects coverage provided by this endorsement, the Company's liability shall be \$ \_\_\_\_\_ . per INSURED EVENT and shall not exceed \$ \_\_\_\_\_ . in the aggregate per Policy year.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,

forms a part of Policy No.

By:

Date endorsement issued:

\_\_\_\_\_  
Authorized Representative

# Endorsement

## EXTRA EXPENSE EXTENSION

It is agreed that Section III - Item 6 is amended by adding the following:

(i) the EXTRA EXPENSE resulting from the necessary interruption of the Named Insured's business, caused directly and solely by an incident covered by Hazards 1, 2 or 4. Such EXTRA EXPENSE shall not exceed \$ \_\_\_\_\_. any one day for a maximum of consecutive days commencing hours after the actual interruption of business.

It is a condition of this extension that the Named Insured's capacity to reduce or offset such EXTRA EXPENSE by complete or partial resumption of business operations shall be taken into account in arriving at the amount of loss hereunder.

EXTRA EXPENSE means the additional money the Named Insured is forced to spend in order to continue as nearly as practicable the normal operation of business.

It is agreed that this extension shall not apply where other insurance is available to the Named Insured.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,

forms a part of Policy No.

By:

Date endorsement issued:

\_\_\_\_\_  
Authorized Representative

# Endorsement

## HOSPITAL ENDORSEMENT

It is agreed that Section I - Item 3 (Description of Class) of the Declarations shall be amended to include the following individuals:

- 1.
- 2.
- 3.
- 4.

provided, however, as respects Hazards 1, 2 and 4, coverage applying to \_\_\_\_\_ shall apply only as respects ransom and/or extortion demands made against the Named Insured. Furthermore, as respects Hazards 1, 2, 3 and 4, coverage applying to \_\_\_\_\_ shall apply only while such individuals are performing services for the Named Insured.

It is further agreed that, as respects Hazards 1, 2 and 4, coverage applying to \_\_\_\_\_ shall apply only as respects ransom and/or extortion demands made against the Named Insured. Furthermore, as respects Hazards 1, 2, 3 and 4, it is agreed that coverage applying to \_\_\_\_\_ shall apply only while such individuals are on the premises of the Named Insured.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,

forms a part of Policy No.

By:.

Date endorsement issued:

\_\_\_\_\_  
Authorized Representative

# Endorsement

## INFANT ABDUCTION EXTENSION

IT IS AGREED THAT THE PREAMBLE TO SECTION III DOES NOT APPLY TO THIS EXTENSION OF COVERAGE.

It is further agreed that Section III - Item 6 shall be amended to include the following:

(1) reasonable fees and reasonable expenses of a public relations consultant incurred during the period of the ABDUCTION and up to thirty days thereafter solely and directly for work carried out as a result of said ABDUCTION,

(2) costs of publicity incurred solely and directly in order to locate a COVERED INFANT up to a maximum limit of \$100,000. per ABDUCTION,

(3) costs of psychiatric counseling by and for the benefit of the PARENT(S) of a COVERED INFANT up to a maximum limit of \$500,000. per ABDUCTION,

(4) reward moneys paid by the Named Insured to an INFORMANT for information which leads to the location of the COVERED INFANT and the arrest and conviction of the party (or parties) responsible for the ABDUCTION up to a maximum limit of \$250,000. per ABDUCTION,

(5) reasonable costs of travel and accommodation is incurred by the Named Insured or the PARENT(S) solely and directly as a result of an ABDUCTION, and

(6) reasonable fees and reasonable expenses of Corporate Risk International or persons retained by the Named Insured (with the prior written authorization of the Company) to assist in the location and return of a COVERED INFANT following the ABDUCTION of said COVERED INFANT.

The inclusion of more than one COVERED INFANT in one ABDUCTION shall not operate to increase the Company's liability.

Coverage hereunder shall not apply to any legal expenses, judgements or settlements howsoever arising.

Section IV - DEFINITIONS is amended as respects this extension as follows:

ABDUCTION shall mean the illegal taking of a COVERED INFANT by someone other than a PARENT of said COVERED INFANT.

COVERED INFANT shall mean a child of less than twenty - four months of age, who is a registered patient of the Named Insured.

INFORMANT shall mean any person providing information not otherwise obtainable, solely in return for monetary payment made or promised by the Named Insured or PARENT(S) of a COVERED INFANT.

PARENT(S) shall mean the custodial parent(s) of a COVERED INFANT.  
It is agreed that the Company's maximum limit of liability for all expenses under this extension shall not exceed \$ \_\_\_\_\_ per ABDUCTION.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,  
forms a part of Policy No. \_\_\_\_\_

By:

Date endorsement issued: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

# Endorsement

## LOSS OF EARNINGS EXTENSION

It is agreed that Section III - Item 6 is amended by adding the following:

(i) the loss of EARNINGS, but not exceeding the reduction in EARNINGS, less charges and expenses which do not necessarily continue during the interruption of business, of the Named Insured, resulting from necessary interruption of business, caused directly and solely by an incident covered by any of the Hazards as shown in Item 3 of the Declarations. Such loss of EARNINGS shall not exceed the actual loss of EARNINGS sustained by the Named Insured for up to consecutive days, commencing \_\_ hours after the actual interruption of EARNINGS up to a maximum Limit of Liability of \$ \_\_\_\_\_ . any one \_\_\_\_\_.

It is a condition of this extension that the Named Insured's capacity to reduce or offset such loss of EARNINGS by complete or partial resumption of business operations shall be taken into account in arriving at the amount of loss hereunder.

The Named Insured shall give immediate written notice to the Company of any such business interruption loss, and, within 60 days following the date of any such loss, the Named Insured shall render to the Company a proof of loss, signed and sworn to by the Named Insured, stating the knowledge and belief of the Named Insured as to the following:

- a. the interest of the Named Insured and all others in the business,
- b. all other contracts of insurance, whether valid or not, covering in any manner the loss insured against by this endorsement, and
- c. any changes in the title, nature, location, encumbrance or possession of said business since the issuing of this Policy and shall furnish a copy of all the descriptions and schedules in all policies, and the actual amount of business interruption value and loss claimed, accompanied by detailed exhibits of all values, costs and estimates upon which such amounts are based.

The Named Insured, as often as may be reasonably required, shall submit to examinations under oath by any person named by the Company, and subscribe the same, and, as often as may be reasonably required, shall produce for examination all books of account, bills, invoices and other vouchers, or certified copies thereof if originals be lost, at such a reasonable time and place as may be designated by the Company or their representative, and shall permit extracts and copies thereof to be made.

Section IV - DEFINITIONS is amended as respects this extension as follows:

EARNINGS means net profit plus payroll expenses, taxes, interest, rents and all other operating expenses earned and incurred by the business.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,  
forms a part of Policy No. \_\_\_\_\_

By:

Date endorsement issued:

\_\_\_\_\_  
Authorized Representative

# Endorsement

## MANAGEMENT CONTROL NAMED INSURED WORDING

It is agreed that Section I - Item 1 (Name and Address of Insured) of the Declarations shall read as follows:

\_\_\_\_\_  
AND ANY SUBSIDIARY NOW EXISTING OR  
HEREAFTER CREATED.

It is agreed that, for the purposes of this Policy, a subsidiary shall mean:

- 1) any corporation, partnership, joint venture, limited liability company or other entity in which \_\_\_\_\_ owns more than a 50% interest and/or
- 2) any corporation, partnership, joint venture, limited liability company or other entity coming under the active management or control of \_\_\_\_\_.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,

forms a part of Policy No.

By:

Date endorsement issued:

\_\_\_\_\_  
Authorized Representative

# Endorsement

## NON- CANCELLATION EXTENSION

It is agreed that this Policy is amended by deleting the following from Section V - Item 16:

This Policy may be cancelled by the Company by mailing to the Named Insured written notice stating when, not less than ninety (90) days (or ten (10) days in the event of non-payment of premium) thereafter, such cancellation shall be effective.

and substituting in its place the following:

This Policy may be cancelled by the Company only for non-payment of premium by mailing to the Named Insured written notice stating when, not less than ten (10) days thereafter, such cancellation shall be effective.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,

forms a part of Policy No.

By:

Date endorsement issued:

\_\_\_\_\_  
Authorized Representative

# Endorsement

## RECALL/DESTRUCTION EXTENSION (#1)

It is agreed that for incidents covered by Hazard 4, Other Expenses (Section III - Item 6) shall include the costs of recall and destruction of PROPERTY, including products manufactured or distributed by the INSURED.

\* \* \* \* \*

This coverage shall exclude any liability arising out of the use or disposal of contaminated or damaged PROPERTY, including products manufactured or distributed by the INSURED.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,  
forms a part of Policy No. \_\_\_\_\_

By:

Date endorsement issued: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

# Endorsement

## RECALL/DESTRUCTION EXTENSION (#2)

It is agreed that for incidents covered by Hazard 4, Other Expenses (Section III - Item 6) shall include the costs of recall and destruction of PROPERTY, including products manufactured or distributed by the INSURED up to a maximum limit of liability of \$ \_\_\_\_\_ .

\* \* \* \* \*

This coverage shall exclude any liability arising out of the use or disposal of contaminated or damaged PROPERTY, including products manufactured or distributed by the INSURED.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,  
forms a part of Policy No. \_\_\_\_\_

By:

Date endorsement issued: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

# Endorsement

## RECALL/DESTRUCTION EXTENSION (#3)

It is agreed that for incidents covered by Hazard 4, Other Expenses (Section III - Item 6) shall include the costs of recall and destruction of PROPERTY, including products manufactured or distributed by the INSURED up to a maximum limit of liability of \$ \_\_\_\_\_ .

It is further agreed that for incidents covered by Hazard 4, Other Expenses (Section III - Item 6) shall include the value of (actual cash value or replacement cost, whichever is less) replacing any recalled or destroyed PROPERTY up to a maximum limit of liability of \$ \_\_\_\_\_ .

\* \* \* \* \*

This coverage shall exclude any liability arising out of the use or disposal of contaminated or damaged PROPERTY, including products manufactured or distributed by the INSURED.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,  
forms a part of Policy No. \_\_\_\_\_

By:

Date endorsement issued: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

# Endorsement

## SCHOOL ENDORSEMENT

It is agreed that Section I - Item 3 (Description of Class) of the Declarations shall be amended to include the following individuals:

- 1.
- 2.
- 3.
- 4.

provided, however, as respects Hazards 1, 2 and 4, coverage applying to \_\_\_\_\_ shall apply only as respects ransom and/or extortion demands made against the Named Insured. Furthermore, as respects Hazards 1, 2, 3 and 4, it is agreed that coverage applying to \_\_\_\_\_ shall apply only while such individuals are performing services for the Named Insured.

It is further agreed that, as respects Hazards 1, 2 and 4, coverage applying to \_\_\_\_\_ shall apply only as respects ransom and/or extortion demands made against the Named Insured. Furthermore, as respects Hazards 1, 2, 3 and 4, it is agreed that coverage applying to \_\_\_\_\_ shall apply only while such individuals are participating in activities sponsored by the Named Insured.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,

forms a part of Policy No.

By:

Date endorsement issued:

\_\_\_\_\_  
Authorized Representative

# Endorsement

## THREAT RESPONSE EXPENSE EXTENSION

IT IS AGREED THAT THE PREAMBLE TO SECTION III DOES NOT APPLY TO THIS EXTENSION OF COVERAGE.

It is agreed that Section III - Item 6 shall be amended to include the following:

The Company shall be liable for the cost of SERVICES provided by those persons specified in Item 6 of the Declarations to the INSURED solely and directly as a result of a threat or threats made by a person or group (without an accompanying ransom or extortion demand) to commit or attempt to:

A. inflict bodily harm to, wrongfully abduct or detain an Insured Person, RELATIVE or GUEST or

B. damage, destroy or contaminate any PROPERTY

provided, however, such threat or threats are made specifically against the INSURED or the INSURED's PROPERTY.

It is further agreed that the Company's liability under this extension shall not exceed \$ \_\_\_\_\_. any one loss and in any one Policy period.

It is agreed that, as respects this extension, the Definition of SERVICES shall read as follows:

SERVICES means the assessment of the threat and the temporary protection of the threatened person(s) or PROPERTY for a period not to exceed fifteen (15) days from the date the threat is received.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,

forms a part of Policy No. \_\_\_\_\_

By: \_\_\_\_\_

Date endorsement issued: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

# Endorsement

## WORKPLACE VIOLENCE EXPENSE EXTENSION

It is agreed that Section III - Item 6 (Additional Coverages) shall be amended to include LOSS (hereafter defined) sustained by the Named Insured and caused solely and directly by an act of WORKPLACE VIOLENCE.

For purposes of this endorsement, WORKPLACE VIOLENCE shall be deemed to mean:

Any intentional and unlawful act of deadly force (or threat thereof) occurring on the business premises of the Named Insured which involves the use or display of a lethal weapon and which has resulted (or could result) in: (1) bodily injury directed against an Insured Person or GUEST or (2) damage to (or destruction of) the Named Insured's PROPERTY.

For purposes of this endorsement, LOSS shall be deemed to mean:

(1) The loss of EARNINGS, but not exceeding the reduction in EARNINGS, less charges and expenses which do not necessarily continue during the interruption of business, of the Named Insured, resulting from the necessary interruption of business, caused directly and solely by an act of WORKPLACE VIOLENCE. Such loss of EARNINGS shall not exceed the actual loss of EARNINGS sustained by the Named Insured for up to consecutive days, commencing — hours after the actual interruption of EARNINGS up to a maximum Limit of Liability of \$ \_\_\_\_\_. any one day.

It is a condition of this extension that the Named Insured's capacity to reduce or offset such loss of EARNINGS by complete or partial resumption of business operations shall be taken into account in arriving at the amount of loss hereunder.

The Named Insured shall give immediate written notice to the Company of any such business interruption loss, and, within 60 days following the date of any such act of WORKPLACE VIOLENCE, the Named Insured shall render to the Company a proof of loss, signed and sworn to by the Named Insured, stating the knowledge and belief of the Named Insured as to the following:

- a. the interest of the Named Insured and all others in the business,
- b. all other contracts of insurance, whether valid or not, covering in any manner the loss insured against by this endorsement, and
- c. any changes in the title, nature, location, encumbrance or possession of said business since the issuing of this Policy and shall furnish a copy of all the descriptions and schedules in all policies, and the actual amount of business interruption value and loss claimed, accompanied by detailed exhibits of all values, costs and estimates upon which such amounts are based.

The Named Insured, as often as may be reasonably required, shall submit to examinations under oath by any person named by the Company, and subscribe the same, and, as often as may be reasonably required, shall produce for examination all books of account, bills, invoices and other vouchers, or certified copies thereof if originals be lost, at such a reasonable time and place as may be designated by the Company or their representative, and shall permit extracts and copies thereof to be made.

EARNINGS shall be deemed to mean net profit plus payroll expenses, taxes, interest, rents and all other operating expenses earned and incurred by the business.

(2) Reasonable expenses incurred by the Named Insured to re-establish its public image following an act of WORKPLACE VIOLENCE --- such expense not exceed \$ \_\_\_\_\_ . of any one such act. (3) The SALARY paid by the Named Insured to an Insured Person who is a VICTIM of an act of WORKPLACE VIOLENCE while such Insured Person is unable to perform his/her regular duties because of said act.

(4) The SALARY of any individual newly hired by the Named Insured to conduct the duties of an Insured Person who is a VICTIM of WORKPLACE VIOLENCE for the period during which such Insured Person is unable to perform his/her regular duties or for a period of 180 days (whichever shall end first) because of said act - - - provided that such SALARY does not exceed that of the Insured Person who is the victim.

(5) Reasonable and customary medical expenses and/or psychiatric expenses incurred by the Named Insured or an Insured Person or RELATIVE within 180 days of an act of WORKPLACE VIOLENCE.

(6) Expenses included for reasonable and customary (and medically necessary) rest and rehabilitation of an Insured Person or GUEST who is a VICTIM of WORKPLACE VIOLENCE - - - and which are incurred within one hundred and eighty (180) days of such act.

(7) Reasonable expenses for temporary security measures at the Named Insured's premises where an act of WORKPLACE VIOLENCE has occurred for a period of thirty (30) days after such act.

(8) Reward monies paid by the Named Insured to an INFORMANT for information which leads to the arrest and conviction of the parties responsible for an act of WORKPLACE VIOLENCE which gives rise to a LOSS covered by this endorsement.

(9) Consulting fees and expenses of Corporate Risk International incurred by the Named Insured in connection with the response to an act of WORKPLACE VIOLENCE and incurred within thirty (30) days of such act.

(10) Reasonable consulting fees and reasonable expenses of other specialists and/or public relations consultants by the Named Insured in response to an act of WORKPLACE VIOLENCE and incurred within ninety (90) days of such act.  
For the purposes of this endorsement, VICTIM shall be deemed to mean:

Any person who is injured or killed as a result of an act of WORKPLACE VIOLENCE or who witnesses such injury or death.

Exclusions

(1) Any LOSS arising from the threat of force or violence occurring on the premises of the Named Insured in connection with a demand for money or property.

(2) Any LOSS arising out of DETENTION or KIDNAPPING.

(3) Any legal costs, legal judgements or legal settlements arising out of - or in any way connected with --- an act of WORKPLACE VIOLENCE.

(4) Any LOSS arising out of, or in consequence of, war (whether war be declared or not) , invasion, hostilities, civil war, rebellion, revolution, insurrection or military or usurped power.

(5) Any act of WORKPLACE VIOLENCE occurring at any premises other than that of the Named Insured.

It is further agreed that the Company's aggregate liability for all LOSS(ES) under this extension during the Policy Period shall not need exceed \$ \_\_\_\_\_

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,  
forms a part of Policy No. \_\_\_\_\_

By:

Date endorsement issued:

\_\_\_\_\_  
Authorized Representative

# Endorsement

## WORLDWIDE INCLUSIVE AGGREGATE WORDING

Notwithstanding Section V (General Policy Conditions) Item 3 (b), it is further agreed that the Company's maximum aggregate limit of liability during the Policy Period for all LOSSES and/or expenses payable under Section II and Section III (including the fees and expenses of Corporate Risk International or any other persons retained by the INSURED pursuant to the terms of Section III - Item 4) shall not exceed \$ \_\_\_\_\_

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,  
forms a part of Policy No. \_\_\_\_\_

By:

Date endorsement issued: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

# Endorsement

## WORLDWIDE INCLUSIVE DEDUCTIBLE WORDING

Notwithstanding the provisions of Section V (General Policy Conditions) - Item 4 (Deductible), it is agreed that the Deductible of \$ \_\_\_\_\_ . shall apply to all LOSSES and/or expenses payable under Section II and Section III (including crisis response fees and expenses of Corporate Risk International or any other persons retained by the INSURED pursuant to the terms of Section III - Item 4) in connection with each covered incident.

All other terms and conditions remain unchanged.

1 of 1

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,  
forms a part of Policy No. \_\_\_\_\_

By:

Date endorsement issued: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

# ENDORSEMENT

## ARKANSAS STATE ENDORSEMENT

Notwithstanding any provision in the Policy to the contrary, notice of claim given by the INSURED to one of the Company's licensed agents in the State of Arkansas, with particulars sufficient to identify the Named Insured shown in the Declarations, shall be deemed notice to the Company.

It is agreed that Section V - Item 15 (Cancellations) is amended by adding the following:

After this Policy has been in effect for sixty (60) days (unless notice of cancellation has already been sent) , or on or after the effective date if this Policy is a renewal, this Policy may only be cancelled by the Company based upon one or more of the following reasons:

- (a) nonpayment of premium;
- (b) fraud or material misrepresentation made by or with the knowledge of the Named Insured in obtaining the Policy, continuing the Policy, or in presenting a claim under the Policy;
- (c) the occurrence of a material change in the risk which substantially increases any hazard insured against after the Policy has been issued; or
- (d) a material violation of a material provision of the policy.

All other terms and conditions remain unchanged.

Number:

This endorsement effective on \_\_\_\_\_ at 12:01 A.M. standard time,

forms a part of Policy No.

By: U.S. Specialty Insurance Company

Date endorsement issued:

\_\_\_\_\_  
Authorized Representative

*SERFF Tracking Number:*      *PERR-125384167*                      *State:*                      *Arkansas*  
*Filing Company:*              *U.S. Specialty Insurance Company*              *State Tracking Number:*      *#101556 \$50*  
*Company Tracking Number:*      *USS-OL-KR-AR-07-01-F*  
*TOI:*                      *17.2 Other Liability - Occurrence Only*              *Sub-TOI:*                      *17.2013 Kidnap & Ransom Liability*  
*Product Name:*              *USS-OL-KR-AR-07-01-F*  
*Project Name/Number:*              *USS-OL-KR-AR-07-01-F/USS-OL-KR-AR-07-01-F*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125384167 State: Arkansas  
Filing Company: U.S. Specialty Insurance Company State Tracking Number: #101556 \$50  
Company Tracking Number: USS-OL-KR-AR-07-01-F  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2013 Kidnap & Ransom Liability  
Product Name: USS-OL-KR-AR-07-01-F  
Project Name/Number: USS-OL-KR-AR-07-01-F/USS-OL-KR-AR-07-01-F

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 12/26/2007

**Comments:**

**Attachments:**

FFS.pdf  
2007 NAIC PCTD.pdf

**Satisfied -Name:** Filing Memo & Letter of  
Authorization **Review Status:** Approved 12/26/2007

**Comments:**

**Attachments:**

ActuarialMemo Forms.pdf  
LOA.pdf

**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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>USS-OL-KR-AR-07-01-F</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>N/A</b>			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>

01	Special Coverages Policy	SCP-1700 (10/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Accidental Death And Dismemberment	SCP-1770 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03	Accidental Death And Dismemberment (Kidnap, Extortion, Detention)	SCP-1769 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
04	Accidental Death And Dismemberment (Workplace Violence)	SCP-1771 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
05	Additional Named Insureds	SCP-1772 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
06	Amended Asset Threshold Additional Named Insureds	SCP-1773 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
07	Amended Child Abduction Extension (#1)	SCP-1774 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
08	Amended Child Abduction Extension (#2)	SCP-1775 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
09	Amended Description Of Class	SCP-1776 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
10	Amended Inclusive Aggregate Wording	SCP-1777 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
11	Amended Inclusive Deductible Wording	SCP-1778 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
12	Amended Territory Wording	SCP-1779 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

**FORM FILING SCHEDULE (Continued)**

(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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		<b>USS-OL-KR-AR-07-01-F</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)		<b>N/A</b>		
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
13	Amended Travel Endorsement	SCP-1780 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
14	Asset Threshold Additional Named Insureds	SCP-1781 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
15	Broadened Description Of Class (#1)	SCP-1782 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
16	Broadened Description Of Class (#2)	SCP-1783 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
17	Child Abduction Extension	SCP-1784 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
18	Code Name Endorsement	SCP-1785 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
19	Computer Virus/Valued Business Interruption Extension	SCP-1786 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
20	Contingent Loss Of Earnings Extension	SCP-1787 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
21	Emergency Repatriation And Relocation Extension	SCP-1788 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
22	Extra Expense Extension	SCP-1789 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
23	Hospital Endorsement	SCP-1790 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
24	Infant Abduction Extension	SCP-1791 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
25	Loss Of Earnings Extension	SCP-1792 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

**FORM FILING SCHEDULE (Continued)**

(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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>USS-OL-KR-AR-07-01-F</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>N/A</b>			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>

26	Management Control Named Insured Wording	SCP-1793 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
27	Non-Cancellation Extension	SCP-1794 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
28	Recall/Destruction Extension (#1)	SCP-1795 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
29	Recall/Destruction Extension (#2)	SCP-1796 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
30	Recall/Destruction Extension (#3)	SCP-1797 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
31	School Endorsement	SCP-1798 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
32	Threat Response Expense Extension	SCP-1799 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
33	Workplace Violence Expense Extension	SCP-1800 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
34	Worldwide Inclusive Aggregate Wording	SCP-1801 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
35	Worldwide Inclusive Deductible Wording	SCP-1802 (11/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
36	Arkansas State Endorsement	SCP-1700-AR (12/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>          	<b>2. Insurance Department Use only</b> 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;"> <tr> <td style="width: 70%;">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					

<b>3. Group Name</b>	<b>Group NAIC #</b>
HCC Ins. Holdings Group	984

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
U.S. Specialty Insurance Company	Texas	29599	52-1504975	

<b>5. Company Tracking Number</b>	<b>USS-OL-KR-AR-07-01-F</b>
-----------------------------------	-----------------------------

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Thomas Yoo 881 Alma Real Dr. Suite 205 Pacific Palisades, CA 90272	Filing Analyst	888.201.5123 x 151	310.230.8529	doi@perrknight.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Thomas Yoo

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

<b>9. Type of Insurance (TOI)</b>	17.2 Other Liability-Occ Only
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.2013 Kidnap & Ransom Liability
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	
<b>12. Company Program Title</b> (Marketing title)	Kidnap & Ransom
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input checked="" type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: January 13, 2008      Renewal: January 13, 2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	December 12, 2007
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	<b>USS-OL-KR-AR-07-01-F</b>
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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On behalf of U.S. Specialty Insurance Company (“U.S. Specialty”), we are submitting this form filing to introduce the Kidnap & Ransom coverage filing in your jurisdiction. Please see the enclosed memorandum for additional details.

Please note the corresponding rate and rule filing is exempt from filing per 23-67-206.

The Company respectfully requests that the proposed forms be implemented effective on January 13, 2008.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. If there are any requests for additional information related to items in this filing, we will forward the request immediately to the Company. We will submit the Company’s response to your attention as soon as we receive it.

Please do not hesitate to contact us with any questions or comments.

<b>22. Filing Fees</b> (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 #:** 101556

**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.)**

**U.S. Specialty Insurance Company**  
Other Liability – Kidnap & Ransom

New Program  
Filing Memorandum

On behalf of U.S. Specialty Insurance Company (“U.S. Specialty”) we are filing initial forms for Kidnap & Ransom coverage.

The proposed forms are based on underwriting judgment, as well as a comparison to similar coverage in use by Liberty Mutual Insurance Company. All forms to be used are attached.

# U.S. SPECIALTY INSURANCE COMPANY



13403 Northwest Freeway, Houston, Texas 77040 Telephone: (713) 744-3700 Facsimile: (713) 744-3727

August 2, 2007

To Whom It May Concern:

Dear Sir or Madam:

Perr & Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of U.S. Specialty Insurance Company. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is effective from the date of this notice and expires on December 2, 2007.

Please direct all correspondences and inquiries related to this filing to Perr & Knight, Inc. at the following address:

State Filings Department  
Perr & Knight, Inc.  
881 Alma Real Dr, Suite 205  
Pacific Palisades, CA 90272  
Tel: (888) 201-5123  
Fax: (310) 230-1061

Please contact me at 713-996-1115 if you have any questions regarding this authorization.

Sincerely,

A handwritten signature in black ink, appearing to read "Charles McDaniel". The signature is fluid and cursive, written over the typed name.

Charles McDaniel, CPCU  
Assistant Vice President  
cmcdaniel@hcc.com