

SERFF Tracking Number: WESA-125385741 State: Arkansas  
Filing Company: United States Liability Insurance Company State Tracking Number: #1759 \$100  
Company Tracking Number: PROF-EPL-07-54  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0010 Employment Practices Liability  
Product Name: Employment Practices Liability  
Project Name/Number: Employment Practices Liability/PROF-EPL-07-54

## Filing at a Glance

Company: United States Liability Insurance Company

Product Name: Employment Practices Liability SERFF Tr Num: WESA-125385741 State: Arkansas

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #1759 \$100

Made/Occurrence

Sub-TOI: 17.0010 Employment Practices Co Tr Num: PROF-EPL-07-54 State Status: Fees verified and received  
Liability

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

Author: Westmont Associates Disposition Date: 12/26/2007

Date Submitted: 12/13/2007 Disposition Status: Filed

Effective Date Requested (New): On Approval

Effective Date Requested (Renewal): On Approval

State Filing Description:

## General Information

Project Name: Employment Practices Liability

Project Number: PROF-EPL-07-54

Status of Filing in Domicile: Pending

Domicile Status Comments: Pending in Pennsylvania.

Reference Organization: None

Reference Title: n/a

Reference Number: None

Advisory Org. Circular: n/a

Filing Status Changed: 12/26/2007

State Status Changed: 12/26/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Submission of the Company's Employment Practices Liability rule addendum.

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: WESA-125385741 State: Arkansas  
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(This filing was made by a third party - westmontassociatesinc)

Meghan Slenkamp, Analyst meghans@westmontlaw.com  
25 Chestnut Street (856) 216-0220 [Phone]  
Haddonfield, NJ 08033

**Filing Company Information**

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

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

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation: \$100.00 filing fee  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United States Liability Insurance Company	\$0.00	12/13/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1759	\$100.00	12/12/2007

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## Correspondence Summary

### Dispositions

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

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## Disposition

Disposition Date: 12/26/2007  
 Effective Date (New):  
 Effective Date (Renewal):  
 Status: Filed  
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
United States Liability Insurance Company	%	\$		\$	%	%	%

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Cover Letter	Filed	Yes
<b>Supporting Document</b>	Letter of Authorization	Filed	Yes
<b>Supporting Document</b>	Transmittal Forms	Filed	Yes
<b>Rate</b>	Additional Modifications - Current Versions	Filed	Yes

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**Rate Information**

Rate data applies to filing.

**Filing Method:** File and Use  
**Rate Change Type:** Neutral  
**Overall Percentage of Last Rate Revision:** Neutral  
**Effective Date of Last Rate Revision:**  
**Filing Method of Last Filing:**

**Company Rate Information**

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
United States Liability Insurance Company	%	%				%	%

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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Additional Modifications - Current Versions	Page 1-1	Replacement	EPL-163 Revised Rule.pdf

**Addendum to Employment Practices Liability Filing**

**ADDITIONAL MODIFICATIONS - CURRENT VERSION**

There will be a 10% additional premium charge for Punitive Damages coverage.  
There will be no additional premium charge if the Punitive Damages coverage is not purchased.

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

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## Supporting Document Schedules

**Satisfied -Name:** Cover Letter **Review Status:** Filed 12/26/2007  
**Comments:**  
Attached is the Cover Letter.  
**Attachment:**  
AR.pdf

**Satisfied -Name:** Letter of Authorization **Review Status:** Filed 12/26/2007  
**Comments:**  
Attached is the Letter of Authorization.  
**Attachment:**  
Westmont Authorization Letter.pdf

**Satisfied -Name:** Transmittal Forms **Review Status:** Filed 12/26/2007  
**Comments:**  
Attached are the NAIC Transmittal Forms.  
**Attachment:**  
AR.pdf



**WESTMONT  
ASSOCIATES, INC.**

December 12, 2007

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

Attn: Property and Casualty Division

**RE: United States Liability Insurance Company / NAIC #25895  
Employment Practices Liability Product  
Rule Addendum Filing  
Company Filing #: PROF-EPL-07-54  
Effective Date: Upon Earliest Possible Approval**

Dear Commissioner Benafield-Bowman:

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

Please find attached a revised version of the Company's rule page for its Employment Practices Liability Additional Modifications form EPL-163 for your review and approval. The rule page has been amended to have a 10% additional premium charge for Punitive Damages coverage. Previously, there was a 15% additional premium charge for Punitive Damages coverage.

Your approval and/or acknowledgement of this submission is respectfully requested, with this filing being implemented within 30 days from receipt of your approval. Enclosed please find a self-addressed stamped envelope for your convenience in returning the duplicate copy of this filing, evidencing your approval and/or acknowledgment.

Respectfully Submitted,

***Meghan Slenkamp***

Meghan Slenkamp

Analyst

[meghans@westmontlaw.com](mailto:meghans@westmontlaw.com)

Enclosures

Cc: N. Stepanski - Westmont  
M. Miller - USLI



# UNITED STATES LIABILITY INSURANCE GROUP

A BERKSHIRE HATHAWAY COMPANY

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

May 30, 2007

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

Dear Sir or Madam,

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

Sincerely,

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

1.888.523.5545 X586  
Fax: 610.688.4391  
mmiller@usli.com

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

AR \_\_\_\_\_

**1. Reserved for Insurance Dept. Use Only**

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**2. Insurance Department Use Only**

a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

<b>3. Group Name</b>	<b>Group NAIC #</b>
Berkshire Hathaway, Inc.	0031

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

<b>5. Company Tracking Number</b>	PROF-EPL-07-54
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**Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]**

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Meghan Slenkamp 25 Chestnut Street Suite 105, Haddonfield NJ 08033	Analyst, Westmont Associates, Inc.	(856) 216-0220	(856) 216-0303	meghans@westmontlaw.com

7. Signature of authorized filer	<b><i>Meghan Slenkamp</i></b>
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8. Please print name of authorized filer	Meghan Slenkamp
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**Filing information (see General Instructions for descriptions of these fields)**

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

## Property & Casualty Transmittal Document ---

20.	<b>This filing transmittal is part of Company Tracking #</b>	PROF-EPL-07-54
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21.	<b>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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Submission of the Company's Employment Practices Liability rule addendum.

22.	<b>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]
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**Check #:** 1759

**Amount:** \$100.00

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

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

## RATE/RULE FILING SCHEDULE

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

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

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	PROF-EPL-07-54
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	n/a
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Rate Increase                     
  Rate Decrease                     
  Rate Neutral (0%)

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

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

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

<b>6.</b>	<b>Overall percentage of last rate revision</b>	N/A
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<b>7.</b>	<b>Effective Date of last rate revision</b>	N/A
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<b>8.</b>	<b>Filing Method of Last filing</b> (Prior Approval, File & Use, Flex Band, etc.)	N/A
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<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or Withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01	Additional Modifications - Current Versions	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	Additional Modifications - Current Versions - EPL 163
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
04		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
05		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	