

## Filing at a Glance

Company: SUA Insurance Company

Product Name: SUA-GL-AR-07-01-F

TOI: 17.0 Other Liability - Claims

Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: SUA-GL-AR-07-01-F

Filing Type: Form

SERFF Tr Num: PERR-125230647 State: Arkansas

SERFF Status: Closed

State Tr Num: AR-PC-07-025502

Co Status:

Co Status:

State Status:

Reviewer(s): Betty Montesi, Edith

Roberts, Brittany Yielding

Authors: Diane Karis, Ines Piquet,

Lance Julian, Laura Jennette

Disposition Date: 07-19-2007

Date Submitted: 07-18-2007

Disposition Status: Approved

Effective Date Requested (New): 08-01-2007

Effective Date Requested (Renewal): 08-01-2007

Effective Date (New):

Effective Date (Renewal):

## General Information

Project Name: SUA-GL-AR-07-01-F

Project Number: SUA-GL-AR-07-01-F

Reference Organization:

Reference Title:

Filing Status Changed: 07-19-2007

State Status Changed: 07-19-2007

Corresponding Filing Tracking Number: N/A

Filing Description:

On behalf of SUA Insurance Company ("the Company"), we are introducing Commercial General Liability forms SUA 3200, SUA 3201, and SUA 5002. Please see the enclosed explanatory memorandum for details.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Also enclosed is authorization for Perr&Knight to submit this filing on behalf of the captioned Company. All correspondence related to this filing should be directed to Perr&Knight. The captioned Company has prepared the forms contained in this filing, along with the explanatory memorandum. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. We will submit the Company's response to your attention as soon as we receive it.

We respectfully request this filing to be effective on the earliest possible date upon approval/acknowledgement.

Please do not hesitate to contact us if you have any questions or comments.

## Company and Contact

### Filing Contact Information

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

Laura Jennette, State Filings Analyst      doi@perrknight.com  
881 Alma Real Drive Suite 205              (310) 230-9339 [Phone]  
Pacific Palisades, CA 90272              ()-[FAX]

### Filing Company Information

SUA Insurance Company                      CoCode: 40134                      State of Domicile: Illinois  
222 S. Riverside Plaza                      Group Code: -99                      Company Type:  
Chicago, IL 60606                      Group Name:                      State ID Number:  
(312) 277-1600 ext. [Phone]              FEIN Number: 23-2182777  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
SUA Insurance Company	\$0.00	07-18-2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
100774	\$50.00	07-16-2007

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Edith Roberts	07-19-2007	07-19-2007

## Disposition

Disposition Date: 07-19-2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Explanatory Memorandum & Letter of Authorization	Approved	Yes
<b>Form</b>	Leased Workers Amendatory Endorsement	Approved	Yes
<b>Form</b>	General Liability Schedule of Forms and Endorsements	Approved	Yes
<b>Form</b>	Exclusion - Multi-Unit Dwellings, Condominium and Condominium Conversion, Townhousing and Tract Housing	Approved	Yes

**Form Schedule**

<b>Review Status</b>	<b>Form Name</b>	<b>Form #</b>	<b>Edition Date</b>	<b>Form Type Action</b>	<b>Action Specific Data</b>	<b>Readability</b>	<b>Attachment</b>
Approved	Leased Workers Amendatory Endorsement	SUA 3200	06/07	Endorsement/Amendment/Conditions	New	0.00	SUA 3200_0607_leased workers amendatory endorsement s.pdf
Approved	General Liability Schedule of Forms and Endorsements	SUA 3201	06/07	Declaration	New	0.00	SUA 3201 0607 schedule of forms and endorsement s.pdf
Approved	Exclusion - Multi-Unit Dwellings, Condominium and Condominium Conversion, Townhousing and Tract Housing	SUA 5002	05/07	Endorsement/Amendment/Conditions	New	0.00	SUA 5002 - Condo Apt Twnhse Multi - _0507_.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **LEASED WORKERS AMENDATORY ENDORSEMENT**

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This endorsement modifies insurance provided under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

Condition **5. Premium Audit** under **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** is amended by the addition of the following:

#### **5. Premium Audit**

If “leased workers” are furnished to you by a labor leasing firm and the payroll for the “leased workers” is unavailable, we will compute the premium based on 65% of the total cost of the contract for the “leased workers.” This percentage (%) of the total cost will be considered payroll. The premium on such payroll will be based on the classifications and rates which would have applied if the “leased workers” had been your direct “employees.”

Policy Number: \_\_\_\_\_

**GENERAL LIABILITY SCHEDULE OF FORMS AND ENDORSEMENTS**

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<b>Form/Endorsement Number</b>	<b>Edition Date</b>	<b>Form Title</b>
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**EXCLUSION – MULTI-UNIT DWELLINGS, CONDOMINIUM AND  
CONDOMINIUM CONVERSION, TOWNHOUSING AND TRACT HOUSING**

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This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

The following is added to **SECTION 1 – COVERAGES** paragraph **2. Exclusions** of **COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY** and paragraph **2. Exclusions** of **COVERAGE B. PERSONAL AND ADVERTISING LIABILITY:**

(If the box(es) below is checked, coverage for the corresponding types of work is excluded from this policy)

This insurance does not apply to “Bodily injury”, “property damage” or “personal and advertising injury” that in any way arises out of, relates to, or is based upon, directly or indirectly, an insured’s or an insured’s sub-contractor’s operations or work in any way involving the construction, refurbishment, rehabilitation or development of any condominium or condominium conversion project or development.

- This exclusion applies only to condominium or condominium conversion, projects or developments that exceed five (5) units.
- This exclusion applies only to condominium, condominium conversion or townhouse projects or developments that exceed five (5) units.
- This exclusion applies only to condominium, condominium conversion, townhouse projects or developments, or tract housing projects or developments that exceed five (5) units.
- This exclusion applies only to multi-unit dwellings that exceed five (5) units.

This exclusion does not apply if the insured’s or the insured’s subcontractor’s operations or work are performed on a unit(s) after occupancy of the unit(s) and such operations or work are performed for the occupant under an oral or written contract with the occupant.

As used in this endorsement, the following is added to **SECTION V – DEFINITIONS:**

Condominium Conversion means a change in the form of ownership and/or the intent to change the form of ownership of real property through the process of converting rental units into condominiums, which are sold or offered for sale as individual units.

Tract housing means any housing project or development that includes the construction of five (5) or more residential buildings in any or all phases of a project or development.

Multi unit dwelling means any project, property or development that includes five (5) or more residences, including but not limited to individual residential buildings, condominiums or townhouses, or apartments or similar leased premises, in any or all phases of the project, property or development.

**Rate Information**

Rate data does NOT apply to filing.

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 07-19-2007

**Comments:**

**Attachments:**

2007 NAIC FFS +.pdf

2007 NAIC PCTD.pdf

**Satisfied -Name:** Explanatory Memorandum & Letter  
of Authorization

**Review Status:** Approved 07-19-2007

**Comments:**

**Attachments:**

20070125 Authorization Letter.pdf

Explanatory Memorandum.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>SUA-GL-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)	N/A			
<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	Leased Workers Amendatory Endorsement	SUA 3200 Ed. 06/07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	General Liability Schedule of Forms and Endorsements	SUA 3201 Ed. 06/07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03	Exclusion - Multi-Unit Dwellings, Condominium and Condominium Conversion, Townhousing and Tract Housing	SUA 5002 Ed. 05/07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 60%; text-align: center;">New Business</td> <td></td> </tr> <tr> <td style="text-align: center;">Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	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	
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New Business																					
Renewal Business																					
f. State Filing #:																					
g. SERFF Filing #:																					
h. Subject Codes																					

<b>3. Group Name</b>	<b>Group NAIC #</b>
N/A	N/A

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
SUA Insurance Company	IL	40134	23-2182777	

<b>5. Company Tracking Number</b>	<b>SUA-GL-AR-07-01-F</b>
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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
	Laura Jennette Perr&Knight 881 Alma Real Drive, Suite 205 Pacific Palisades. CA 90272	Filing Analyst	888-201-5123 x163	310-230-8529	doi@perrknight.com
	7. Signature of authorized filer		<i>Laura Jennette</i>		
	8. Please print name of authorized filer		Laura Jennette		

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

<b>9. Type of Insurance (TOI)</b>	17.0 Other Liability - Claims Made/Occurrence
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0001 Commercial General Liability
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	
<b>12. Company Program Title</b> (Marketing title)	
<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 type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: Upon Approval                      Renewal: Upon Approval
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	N/A
<b>17. Reference Organization # &amp; Title</b>	N/A
<b>18. Company's Date of Filing</b>	July 18, 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.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>SUA-GL-AR-07-01-F</b>
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<b>21.</b>	<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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On behalf of SUA Insurance Company ("the Company"), we are introducing Commercial General Liability forms SUA 3200, SUA 3201, and SUA 5002. Please see the enclosed explanatory memorandum for details.

Also enclosed is authorization for Perr&Knight to submit this filing on behalf of the captioned Company. All correspondence related to this filing should be directed to Perr&Knight. The captioned Company has prepared the forms contained in this filing, along with the explanatory memorandum. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. We will submit the Company's response to your attention as soon as we receive it.

We respectfully request this filing to be effective on the earliest possible date upon approval/acknowledgement.

Please do not hesitate to contact us if you have any questions or comments.

<b>22.</b>	<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 #: \$50.00**  
**Amount: 100774**

**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.)**



January 25, 2007

**Re: RE: SUA Insurance Company  
NAIC Company Code 40134**

To Whom It May Concern:

Perr & Knight Inc. is hereby authorized to submit rate, rule, and form filings on behalf of SUA Insurance Company. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed in be in effect until rescinded in writing.

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

Perr & Knight, Inc.  
881 Alma Real Drive, Suite 205  
Pacific Palisades, CA 90272  
Tel: (310) 230-9339  
Fax: (310) 230-1061

Please contact me at (312) 277-1651 if you have any questions regarding this authorization.

Sincerely,

A handwritten signature in black ink, appearing to read 'G. Michael Gooding', is written over the typed name.

G. Michael Gooding, CPCU, AIAF, ARC  
Senior Counsel

MG/lp

**SUA Insurance Company  
Commercial General Liability  
Introduction of Forms SUA 3200, SUA 3201, and SUA 5002**

**Explanatory Memorandum**

SUA Insurance Company is introducing the following non-premium bearing forms:

**Leased Workers Amendatory Endorsement (SUA 3200 Ed. 06/07)** is an optional form that provides direction on auditing leased workers when used in the course of employment.

**General Liability Schedule of Forms and Endorsements (SUA 3201 Ed. 06/07)** is a mandatory form that lists the forms and endorsements that are included in each policy produced.

**Exclusion - Multi-Unit Dwellings, Condominium and Condominium Conversion, Townhousing and Tract Housing (SUA 5002 Ed. 05/07)** is an optional form that restricts coverage by excluding a specific operation or operations. Operations will be excluded based on the nature of the insured's business.

We respectfully request this filing to be effective on the earliest possible date upon approval/acknowledgment.