

Filing at a Glance

Companies: Greenwich Insurance Company, XL Specialty Insurance Company

Product Name: Directors and Officers SERFF Tr Num: XLAM-125241658 State: Arkansas

Professional Liability

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: AR-PC-07-025536

Made/Occurrence

Sub-TOI: 17.0006 Directors & Officers Liability Co Tr Num: 07MD-DO-DO01-MU- State Status:

AR

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith

Roberts, Brittany Yielding

Author: Arshay Brown

Disposition Date: 07-24-2007

Date Submitted: 07-24-2007

Disposition Status: Approved

Effective Date Requested (New): 09-01-2007

Effective Date (New):

Effective Date Requested (Renewal): 09-01-2007

Effective Date (Renewal):

General Information

Project Name: Directors and Officers Professional Liability Form Filing

Status of Filing in Domicile: Pending

Project Number: 07MD-DO-DO01-MU-AR

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07-24-2007

State Status Changed: 07-24-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

To amend the Declarations by correcting the address where notices are required to be mailed to the Company, and changing the preamble of the Policies to remove the reference to Executive Liability Underwriters, the previous name of the underwriting manager.

Company and Contact

Filing Contact Information

Arshay Brown, State Filings Analyst

Arshay.Brown@xlgroup.com

1201 North Market Street

(302) 661-7048 [Phone]

Wilmington, DE 19801

(302) 778-4190[FAX]

Filing Company Information

Greenwich Insurance Company

CoCode: 22322

State of Domicile: Delaware

1201 North Market street

Group Code: 1285

Company Type:

Suite 501

Wilmington, DE 19801
(866) 304-3079 ext. [Phone]

Group Name:
FEIN Number: 95-1479095

State ID Number:

XL Specialty Insurance Company
1201 N. Market Street
Suite 501

CoCode: 37885
Group Code: 1285

State of Domicile: Delaware
Company Type:

Wilmington, DE 19801
(800) 394-3909 ext. [Phone]

Group Name:
FEIN Number: 85-0277191

State ID Number:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Greenwich Insurance Company	\$0.00	07-24-2007	
XL Specialty Insurance Company	\$0.00	07-24-2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
63442	\$50.00	06-23-2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	07-24-2007	07-24-2007

Disposition

Disposition Date: 07-24-2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms List	Approved	Yes
Supporting Document	Explanatory Memo	Approved	Yes
Form	Change of Insurer Address and Preamble Endorsement	Approved	Yes
Form	Change of Insurer Address and Preamble Endorsement	Approved	Yes
Form	Change of Preamble Endorsement	Approved	Yes
Form	Change of Insurer Address and Preamble Endorsement	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Change of Insurer Address and Preamble Endorsement	PC 82 14	07 07	Endorseme New nt/Amendm ent/Condi ti ons		0.00	PC 82 14 07 07.pdf
Approved	Change of Insurer Address and Preamble Endorsement	EX 82 01	07 07	Endorseme New nt/Amendm ent/Condi ti ons		0.00	EX 82 01 07 07.pdf
Approved	Change of Preamble Endorsement	XL 82 01	07 07	Endorseme New nt/Amendm ent/Condi ti ons		0.00	XL 82 01 07 07.pdf
Approved	Change of Insurer Adress and Preamble Endorsement	XL 82 00	07 07	Endorseme New nt/Amendm ent/Condi ti ons		0.00	XL 82 00 07 07.pdf

Endorsement No.:
Named Insured:
Policy No.:

Effective:
12:01 A.M. Standard Time
Insurer:

CHANGE OF INSURER ADDRESS AND PREAMBLE ENDORSEMENT

(1) The Declarations of the Policy are amended as follows:

Notices required to be given to the Insurer must be addressed to:

Notice to Claim Dept:

XL Professional
One Hundred Constitution Plaza, 18th Floor
Hartford, CT 06103
Attn: Claim Dept.

All other Notices:

XL Professional
One Hundred Constitution Plaza, 17th Floor
Hartford, CT 06103
Attn: Underwriting

All references in the policy to other addresses for Notice to the Insurer shall be deemed amended.

(2) The preamble to each Coverage Part and the General Terms and Conditions of this Policy is amended to read in its entirety as follows:

In consideration of the payment of the premium, and in reliance on all statements made and information furnished to the Insurer identified in the Declarations (hereinafter the Insurer) including the Application and subject to all of the terms, conditions and limitations of all of the provisions of this Policy, the Insurer, the Insured Persons and the Company agree as follows:

All other terms, conditions and limitations of this Policy shall remain unchanged.

Endorsement No.:
Named Insured:
Policy No:

Effective:
12:01 A.M. Standard Time
Insurer:

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Hartford, CT 06103
Attn: Claim Dept.

All other Notices:

XL Professional
One Hundred Constitution Plaza, 17th Floor
Hartford, CT 06103
Attn: Underwriting

All references in the policy to other addresses for Notice to the Insurer shall be deemed amended.

- (2) The preamble to this Policy is amended to read in its entirety as follows:

In consideration of the payment of the premium, and in reliance on all statements made and information furnished to the Insurer identified in the Declarations (hereinafter the Insurer) and to the issuer(s) of the Underlying Insurance, and subject to all of the terms, conditions and endorsements of this Policy, the Insurer and the Insured Entity, on its own behalf and on behalf of all persons and entity(s) entitled to coverage hereunder, agree as follows:

All other terms, conditions and limitations of this Policy shall remain unchanged.

Endorsement No.:
Named Insured:
Policy No.:

Effective:
12:01 A.M. Standard Time
Insurer:

CHANGE OF PREAMBLE ENDORSEMENT

The preamble to this Policy is amended to read in its entirety as follows:

In consideration of the payment of the premium, and in reliance on all statements made and information furnished to the Insurer identified in the Declarations (hereinafter the Insurer) including the Application and subject to all of the terms, conditions and limitations of all of the provisions of this Policy, the Insurer, the Insured Persons and the Company agree as follows:

All other terms, conditions and limitations of this Policy shall remain unchanged.

Endorsement No.:
Named Insured:
Policy No:

Effective:
12:01 A.M. Standard Time
Insurer:

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In consideration of the payment of the premium, and in reliance on all statements made and information furnished to the Insurer identified in the Declarations (hereinafter the Insurer) including the Application and subject to all of the terms, conditions and limitations of all of the provisions of this Policy, the Insurer, the Insured Persons and the Company agree as follows:

All other terms, conditions and limitations of this Policy shall remain unchanged.

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-24-2007
Comments:			
Attachment:	NAIC FORM.pdf		
Satisfied -Name:	Forms List	Review Status: Approved	07-24-2007
Comments:			
Attachment:	Preamble Filing Forms List.pdf		
Satisfied -Name:	Explanatory Memo	Review Status: Approved	07-24-2007
Comments:			
Attachment:	Explanatory Memorandum.pdf		

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

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

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Greenwich Insurance Company	Delaware	22322	95-1479095	
XL Specialty Insurance Company	Delaware	37885	85-0277191	

5. Company Tracking Number	07MD-DO-DO01-MU-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Arshay Brown	State Filings Analyst	302-661-7048	302-778-4190	Arshay.Brown@xlgroup.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Arshay Brown

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

9. Type of Insurance (TOI)	Other Liability - 17.0
10. Sub-Type of Insurance (Sub-TOI)	Directors and Officers - 17.0006
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Directors and Officers Professional Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 09-01-2007 Renewal: 09-01-2007
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A

18. Company's Date of Filing	July 24, 2007
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. This filing transmittal is part of Company Tracking #	
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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On behalf of the above referenced companies we respectfully submit for your approval/acknowledgement the enclosed Professional Liability Form Filing.

The endorsement(s) amend the Declarations by correcting the address where notices are required to be mailed to the Company. It also corrects the preamble of the Policies to remove the references to Executive Liability Underwriters, the previous name of the underwriting manager.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: 63442 Amount: 50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>

Effective March 1, 2007

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

**Greenwich Insurance Company and XL Specialty Insurance Company
Directors and Officer Professional Liability**

Form Number	Edition Date	Multi-state or State Specific	Form Type	Title	Usage
XL 82 00	07 07	Multi-state	Endorsement	Change of Insurer Address and Preamble Endorsement	Mandatory
EX 82 01	07 07	Multi-state	Endorsement	Change of Insurer Address and Preamble Endorsement	Mandatory
XL 82 01	07 07	Multi-state	Endorsement	Change of Preamble Endorsement	Mandatory
PC 82 14	07 07	Multi-state	Endorsement	Change of Insurer Address and Preamble Endorsement	Mandatory

Explanatory Memorandum

We are submitting endorsement PC 82 14 07 07 – *Change of Insurer Address and Preamble Endorsement* to be used with the following program:

- Private Company Reimbursement Insurance *

We are submitting endorsement XL 82 00 07 07– *Change of Insurer Address and Preamble Endorsement* to be used with the following programs:

- Classic A-Side Management Liability Insurance
- Management Liability And Company Reimbursement Insurance

We are submitting endorsement EX 82 01 07 07 – *Change of Insurer Address and Preamble Endorsement* to be used with the following program:

- Excess Insurance

We are submitting endorsement XL 82 01 07 07 – *Change of Preamble Endorsement* to be used with the following program:

- Cornerstone A-Side Management Liability Insurance **

* Filed for Greenwich Insurance Company only

** Filed for XL Specialty Insurance Company only