Filing at a Glance

Companies: Continental Casualty Company, Continental Insurance Company

Product Name: Healthcare Facilities Umbrella Program	SERFF Tr Num: CNAC-125272315	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: AR-PC-07-025885
Sub-TOI: 17.0020 Commercial Umbrella & Excess	Co Tr Num: 07-F2181-UMB	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: John Lockhart	Disposition Date: 08/28/2007
	Date Submitted: 08/24/2007	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: Umbrella Forms	Status of Filing in Domicile: Pending
Project Number: 2007F2181UMB	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/28/2007	
State Status Changed: 08/24/2007	Deemer Date:
Corresponding Filing Tracking Number:	

Filing Description:

On behalf of the captioned companies we hereby submit for your review and approval the attached forms for use with the Healthcare Facilities Umbrella Policy currently on file with your department for Continental Casualty Company (“CCC”) under our filing # 04-F2045. With this filing we are proposing to adopt all forms for the Continental Insurance Company (“CIC”) as well.

Company and Contact

Filing Contact Information

John Lockhart, Regulatory Filings Technician
40 Wall Street
New York, NY 10005
john.lockhart@cna.com
(877) 269-3277 [Phone]
(212) 440-2877[FAX]

Filing Company Information

Continental Casualty Company	CoCode: 20443	State of Domicile: Illinois
40 Wall Street	Group Code: 218	Company Type:
9th Floor		
New York, NY 10005	Group Name:	State ID Number:
(212) 440-3478 ext. [Phone]	FEIN Number: 36-2114545	

Continental Insurance Company	CoCode: 35289	State of Domicile: New Hampshire
40 Wall Street	Group Code: 218	Company Type:
9th Floor		
New York, NY 10005	Group Name:	State ID Number:
(212) 440-3478 ext. [Phone]	FEIN Number: 135010440	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Casualty Company	$0.00	08/24/2007	
Continental Insurance Company	$0.00	08/24/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000200556	$50.00	08/22/2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/28/2007	08/28/2007

Disposition

Disposition Date: 08/28/2007
Effective Date (New):
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings	
Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number:	*CNAC-125272315*	*State:*	*Arkansas*
First Filing Company:	*Continental Casualty Company, ...*	*State Tracking Number:*	*AR-PC-07-025885*
Company Tracking Number:	*07-F2181-UMB*		
TOI:	*17.0 Other Liability - Claims Made/Occurrence*	*Sub-TOI:*	*17.0020 Commercial Umbrella & Excess*
Product Name:	*Healthcare Facilities Umbrella Program*		
Project Name/Number:	*Umbrella Forms/2007F2181UMB*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Forms Filing Memorandum	Approved	Yes
Form	Policy Extension	Approved	Yes
Form	Policy Cancellation	Approved	Yes
Form	Exclusion-Specified Person or	Approved	Yes
Form	Premium Changes	Approved	Yes
Form	Deletion of Named Insured	Approved	Yes
Form	Addition or Deletion of	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Policy Extension	GSL-9102XX	07-2007	Endorsement/Amendment/Conditions New		0.00	GSL9102XX_072007_HEALTHCARE FACILITIES UMBRELLA POLICY POLICY EXTENSION ENDORSEMENT.pdf
Approved	Policy Cancellation	GSL-9098XX	07-2007	Endorsement/Amendment/Conditions New		0.00	GSL9098XX_072007_HEALTHCARE FACILITIES UMBRELLA POLICY CANCELLATION ENDORSEMENT.pdf
Approved	Exclusion-Specified Person or	GSL-9099XX	07-2007	Endorsement/Amendment/Conditions New		0.00	GSL9099XX_072007_HEALTHCARE FACILITIES UNMBRELLA POLICY EXCLUSION SPECIFIED PERSON OR ENTITY.pdf
Approved	Premium Changes	GSL-9100XX	07-2007	Endorsement/Amendm New		0.00	GSL9100XX_072007_HE

				ent/Conditions			ALTHCARE FACILITIES UMBRELLA POLICY PREMIUM CHANGES ENDORSEMENT .pdf
Approved	Deletion of Named Insured	GSL-9101XX	07-2007	Endorsement/Amendment/Conditions New		0.00	GSL9101XX_072007_HEALTHCARE FACILITIES UMBRELLA POLICY DELETION OF NAMED INSURED ENDORSEMENT.pdf
Approved	Addition or Deletion of	GSL-9097XX	07-2007	Endorsement/Amendment/Conditions New		0.00	GSL9097XX_072007_HEALTHCARE FACILITIES UMBRELLA POLICY ADDITION OR DELETION OF ENDORSEMENT .pdf

HEALTHCARE FACILITIES UMBRELLA POLICY EXTENSION ENDORSEMENT

We agree with you that in consideration of additional premium of $_____, the policy period shown in Healthcare Facilities Umbrella Policy Declarations (G-144126) item 2. “Policy Period” is deleted and replaced with the following:

Effective Date From_____ 12:01 A.M. Standard Time to _____ 12:01 A.M. Standard Time at your Mailing address shown on the Declarations.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy and expires concurrently with said Policy unless another effective date is shown below.

By Authorized Representative _____
(No signature is required if issued with the Policy or if it is effective on the Policy Effective Date)

Policy No:
Endorsement No:
Effective Date:

Insured Name:

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HEALTHCARE FACILITIES UMBRELLA POLICY CANCELLATION ENDORSEMENT

It is understood and agreed that in consideration of the return premium amount stated below, the Policy referenced below is cancelled in accordance with the terms and conditions of the Policy.

Return Premium was computed as follows

$_____ Premium

$_____ State Surcharge (if applicable)

$_____ Tax (if applicable)

$_____ Total Earned Premium Amount

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy and expires concurrently with said Policy unless another effective date is shown below.

By Authorized Representative _____
(No signature is required if issued with the Policy or if it is effective on the Policy Effective Date)

Policy No:
Endorsement No:
Effective Date:

Insured Name:

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HEALTHCARE FACILITIES UMBRELLA POLICY EXCLUSION SPECIFIED PERSON OR ENTITY

It is understood and agreed that the following is added to SECTION II-WHO IS AN INSURED in the Healthcare Facilities Umbrella Policy (G-144104):

- Notwithstanding the above, the person or entity specified below is not an Insured.

Person or Entity:

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy and expires concurrently with said Policy unless another effective date is shown below.

By Authorized Representative _____
(No signature is required if issued with the Policy or if it is effective on the Policy Effective Date)

Policy No:
Endorsement No:
Effective Date:

Insured Name:

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HEALTHCARE FACILITIES UMBRELLA POLICY PREMIUM CHANGES ENDORSEMENT

It is understood and agreed that Item 6. Premium, of the Healthcare Facilities Umbrella Policy Declarations (G-144126) is deleted and replaced by the following:

Premium $_____

Reason for Premium change:

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy and expires concurrently with said Policy unless another effective date is shown below.

By Authorized Representative _____
(No signature is required if issued with the Policy or if it is effective on the Policy Effective Date)

Policy No:
Endorsement No:
Effective Date:

Insured Name:

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HEALTHCARE FACILITIES UMBRELLA POLICY DELETION OF NAMED INSURED ENDORSEMENT

It is agreed and understood that the Healthcare Facilities Umbrella Policy (G-144104) is amended as set forth below:

Name of Entity	Termination Date

The following paragraph is added to SECTION II–WHO IS AN INSURED:

- The entity shown above, having been sold or ownership and control otherwise transferred on the termination date is not insured under this Policy for:

  a. "bodily injury," "property damage" or "professional services injury" that occurred on or after the termination date.

  b. "personal and advertising injury" arising out of an offense committed on or after the termination date.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy and expires concurrently with said Policy unless another effective date is shown below.

By Authorized Representative _____
(No signature is required if issued with the Policy or if it is effective on the Policy Effective Date)

Policy No:
Endorsement No:
Effective Date:

Insured Name:

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HEALTHCARE FACILITIES UMBRELLA POLICY–ADDITION OR DELETION OF ENDORSEMENT

In consideration of:

__The premium paid for this Policy,

__Return Premium in the amount of $_____

__Additional Premium in the amount of $_____

It is understood and agreed that Healthcare Facilities Umbrella Policy Declarations (G-144126) Item 7. "Endorsements Attached to This Policy" is amended as indicated below:

1. __When indicated by a checkmark, the following endorsement is hereby deleted from the Policy:

Endorsement No. and Title

2. __When indicated by a checkmark, the following endorsement is added to this policy:

Endorsement No. and Title

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy and expires concurrently with said Policy unless another effective date is shown below.

By Authorized Representative _____
(No signature is required if issued with the Policy or if it is effective on the Policy Effective Date)

Policy No:
Endorsement No:
Effective Date:

Insured Name:

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Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Forms Filing Memorandum	Approved	08/28/2007

Comments:

Attachment:

07F2181UMB_072007_Healthcare Umbrella FFM-AR.pdf

Continental Casualty Company
The Continental Insurance Company

Healthcare Facilities Umbrella Policy
Forms Filing Memorandum

ARKANSAS

NEW FORMS

GSL-9102XX ed. 7-07 **Healthcare Facilities Umbrella Policy Extension Endorsement**

The Policy Extension Endorsement extends, by mutual agreement, the policy period shown in Declarations Page item 2. for the period of time shown in the endorsement.

GSL-9098XX ed. 7-07 **Healthcare Facilities Umbrella Policy Cancellation Endorsement**

This endorsement provides final premium, tax or state surcharge (if applicable) information.

GSL-9099XX ed. 7-07 **Healthcare Facilities Umbrella Policy Exclusion-Specified Person or Entity**

This endorsement provides a means of excluding specified person or entities from the Policy.

GSL-9100XX ed. 7-07 **Healthcare Facilities Umbrella Policy Premium Changes Endorsement**

Mid-term Premium changes are displayed in this endorsement

GSL-9101XX ed. 7-07 **Healthcare Facilities Umbrella Policy Deletion of Named Insured Endorsement**

A Named Insured entity may be deleted from the Policy upon sale or transfer of ownership and control of the entity.

GSL-9097XX ed. 7-07 **Healthcare Facilities Umbrella Policy Addition or Deletion of Endorsement**

The Declarations may be amended to reflect changes in endorsements attached to the Policy as shown in Declarations item 7.

***** Note the following forms are already on file for Continental Casualty Program. With this filing we wish to adopt these forms for use with The Continental Insurance Company.**

G-144104-A **Healthcare Facilities Umbrella Policy**

This coverage form provides excess-umbrella liability coverage on a claims-made basis.

G-144103-A **Healthcare Facilities Umbrella Policy Schedule of Underlying Insurance**

The common conditions are applicable to the occurrence and claims made version of the Commercial Liability Coverage Forms and the Professional Liability Coverage Form, subject to the terms and conditions stated therein.

G-144105-A **Healthcare Facilities Umbrella Policy Government Access to Records Endorsement**

This endorsement provides for compliance with certain regulations of the Federal Department of Health and Human Services.

G-144112-A **Exclusion-Sexual Misconduct (Umbrella)**

This endorsement excludes coverage for all claims arising out of or relating to sexual misconduct.

G-144123-A **Exclusion-"Professional Liability Claims"**

This endorsement excludes coverage for all "professional liability claims" as defined in the policy.

G-144126-A **Healthcare Facilities Umbrella Policy Declarations**

This is the policy declarations page.

G-144127-A **World Wide Coverage Endorsement**

This endorsement expands the coverage territory with respect to claims and suits brought against the insured outside of the U.S., its possessions and Canada.

G-144128-A **Managed Care Endorsement**

This endorsement amends the definition of "Healthcare Services" to include "managed care services".

G-144129-A **Nuclear Energy Liability Exclusion Endorsement**

This endorsement amends the policy to exclude nuclear energy liability claims as described in the endorsement.

G-144131-A **Exclusion-Nursing Home Facility**

This endorsement excludes claims based on, arising out of, or related to "nursing home facilities".

G- 144132-A **Amendment of Aggregate Limits of Insurance**

This endorsement provides separate aggregate limits of insurance for "professional liability claims" and all other liability claims.

G-144133-A **Exclusion-Mold, Fungi, Microbes**

This endorsement excludes coverage for claims arising out of mold, fungi and microbes.

G-144134-A **Named Insured Endorsement**

This endorsement allows additional named insureds to be added.

G-144135-A **Exclusion-Certain Mold Claims**

Similar to endorsement G-144133 above, this endorsement excludes coverage for claims arising out of mold, fungi and microbes. However, the exclusion does not apply to "bodily injury" arising out of the performance of "professional services."

G-144136-A **Host Liquor Liability Coverage Endorsement**

When attached, this endorsement amends the policy's Liquor exclusion to provide coverage for those insureds who are not in the business of manufacturing, distributing, selling, serving or furnishing alcoholic beverages.

G-144137-AR **Earlier Notice of Cancellation/Nonrenewal Endorsement-Arkansas**

This endorsement amends the Cancellation and Nonrenewal to provide the first Named Insured with notice of cancellation and nonrenewal in advance of the statutory minimums.

G-144138-A **Amended–Definition of Coverage Territory Endorsement**

This endorsement changes the policy's Coverage Territory to the USA, including its territories, possessions, Puerto Rico and Canada.

G-144139-A **Patient Injury Exclusion With Exception For Specific Named Perils**

This endorsement precludes coverage for "bodily injury" to patients arising out of the named perils.

G-144140-A **Hired Automobile/Non-Owned Automobile Exclusion Endorsement**

This endorsement amends the policy to exclude all claims for "hired automobiles" and "non-owned-automobiles".

G-147087-A **Exclusion –Testing and Persons in Custody**

This endorsement amends the policy to exclude certain claims arising out of testing activities and all claims arising out the rendering or failure to render "professional services" to a person in the custody of a law enforcement or correctional agency.

G-147088-A **Defense Costs Outside of Limits Endorsement**

This endorsement amends the policy to place "defense costs" in addition to the each "incident" and Aggregate limits of Insurance.

G-147045-A **Umbrella Employee Definition**

This endorsement amends the policy to add specified classes of employees and/or individuals as Insureds under the policy.

G-144872-A (c) **Coverage of and Cap on Certified Acts of Terrorism**

This endorsement modifies the policy language to incorporate coverage for "Certified Acts of Terrorism" as specified in the Terrorism Risk Insurance Act of 2002.

G-144898-A **Exclusion of Certified Acts of Terrorism**

This endorsement is used to exclude coverage for "Certified Acts of Terrorism" as specified in the Terrorism Risk Insurance Act of 2002 in consideration for the appropriate premium reduction

G-144294-A **Exclusion - Silica**

This mandatory endorsement amends this Coverage Form to exclude losses resulting from the named causes of loss.

GSL77013 **Nonrenewal and Cancellation Endorsement - Arkansas**

This mandatory endorsement amends the nonrenewal and cancellation provisions by bringing them into compliance with state requirements.

GSL7702AR **Amendatory Endorsement - Arkansas**

This mandatory endorsement amends the policy by bringing it into compliance with state requirements.