

SERFF Tracking Number: ERCA-125251195 State: Arkansas
First Filing Company: Employers Reinsurance Corporation, ... State Tracking Number: AR-PC-07-025905
Company Tracking Number: 9-BOP-AR-07-02688A-1-F
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners Tier Form Filing - 07-02688a
Project Name/Number: Businessowners Tier Form Filing - 07-02688a/9-BOP-AR-07-02688a-1-F

Filing at a Glance

Companies: Employers Reinsurance Corporation, Westport Insurance Corporation, North American Specialty Insurance Company, North American Elite Insurance Company

Product Name: Businessowners Tier Form SERFF Tr Num: ERCA-125251195 State: Arkansas
Filing - 07-02688a

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: AR-PC-07-025905

Sub-TOI: 05.0002 Businessowners Co Tr Num: 9-BOP-AR-07-02688A- State Status:
1-F

Filing Type: Form Co Status: Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding
Author: Linda Snook Disposition Date: 09/12/2007
Date Submitted: 08/27/2007 Disposition Status: Approved
Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008 Effective Date (Renewal):
01/01/2008

General Information

Project Name: Businessowners Tier Form Filing - 07-02688a
Project Number: 9-BOP-AR-07-02688a-1-F

Status of Filing in Domicile: Authorized
Domicile Status Comments: WIC & ERC -
Missouri is the state of domicile.
NAS & NAE - New Hampshire is the state of
domicile.

Reference Organization: ISO

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/12/2007

State Status Changed: 08/28/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

As a result of the recent acquisition of the GEIS Insurance companies by Swiss Re, we are requesting to add North American Specialty Insurance Company (NAS) and North American Elite Insurance Company (NAE) to our multi-tier

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Filing Company Information

Employers Reinsurance Corporation	CoCode: 39845	State of Domicile: Missouri
5200 Metcalf	Group Code: 181	Company Type:
P.O. Box 2991		
Overland Park, KS 66201-1391	Group Name:	State ID Number:
(800) 255-6931 ext. [Phone]	FEIN Number: 48-0921045	

Westport Insurance Corporation	CoCode: 34207	State of Domicile: Missouri
5200 Metcalf	Group Code: 181	Company Type:
P.O. Box 2979		
Overland Park, KS 66201-1379	Group Name:	State ID Number:
(800) 241-3470 ext. [Phone]	FEIN Number: 13-1941868	

North American Specialty Insurance Company	CoCode: 29874	State of Domicile: New Hampshire
5200 Metcalf, P.O. Box 2979	Group Code: 181	Company Type:
Overland Park, KS 66201-1379	Group Name:	State ID Number:
(800) 255-6931 ext. [Phone]	FEIN Number: 02-0311919	

North American Elite Insurance Company	CoCode: 29700	State of Domicile: New Hampshire
5200 Metcalf, P.O. Box 2979	Group Code: 181	Company Type:
Overland Park, KS 66201-1379	Group Name:	State ID Number:
(800) 255-6931 ext. [Phone]	FEIN Number: 13-3440360	

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
North American Specialty Insurance Company	\$50.00	08/27/2007	
Westport Insurance Corporation	\$0.00	08/27/2007	
Employers Reinsurance Corporation	\$0.00	08/27/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
101557	\$50.00	07/31/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/12/2007	09/12/2007

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Amendment - Form Aggregate Limits of Insurance Endorsement (Per Location)		Linda Snook	08/31/2007	08/31/2007

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Disposition

Disposition Date: 09/12/2007
Effective Date (New): 01/01/2008
Effective Date (Renewal): 01/01/2008
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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms Summary	Approved	Yes
Form	Exclusion - Designated Professional Services	Approved	Yes
Form	Earth Movement Endorsement	Approved	Yes
Form	Businessowners Extra Coverage	Approved	Yes
Form	Increased Limits for Property Coverages	Approved	Yes
Form	Businessowners Scheduled Property Coverage	Approved	Yes
Form	Businessowners Fine Arts Coverage	Approved	Yes
Form	Printers Errors and Omissions Liability Coverage	Approved	Yes
Form	Unintentional Errors and Omissions	Approved	Yes
Form	Blanket Additional Insured Certificate Holder	Approved	Yes
Form	Blanket Additional Insured (By Contract)	Approved	Yes
Form	Amendment - Aggregate Limits of Insurance	Approved	Yes
Form	Damage to Customers' Property	Approved	Yes
Form	Food Contamination Coverage	Approved	Yes
Form	Bailee's Customers Property Coverage	Approved	Yes
Form	Customers' Artwork	Approved	Yes
Form	Exclusion - Athletic Or Sports Participants	Approved	Yes
Form	Employees' Tools Coverage	Approved	Yes
Form	Employee Dishonesty Coverage - Exclusion of Designated Persons or Classes of Persons	Approved	Yes
Form	Fellow Employee Coverage	Approved	Yes
Form	Fraternal Organization Endorsement	Approved	Yes
Form	Additional Insured - Club Members (Including Medical Expense)	Approved	Yes
Form	Additional Insured - Club Members	Approved	Yes

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Form	Additional Limit of Employee Dishonesty Coverage for Designated Employees or Positions	Approved	Yes
Form	Additional Property Not Covered	Approved	Yes
Form	Coverage For Money and Securities in the Custody of Designated Officers	Approved	Yes
Form	Coverage For Money and Securities in the Custody of Volunteer Workers	Approved	Yes
Form	Employee Dishonesty Coverage for Designated Officers	Approved	Yes
Form	Employee Dishonesty Coverage for Volunteer Workers	Approved	Yes
Form	Exclusions - Counseling Services	Approved	Yes
Form	Exclusion - Described Hazards (Carnivals, Circuses and Fairs)	Approved	Yes
Form	Additional Insured - Grantor of Franchise	Approved	Yes
Form	Businessowners Policy Declarations	Approved	Yes
Form	Common Policy Declarations	Approved	Yes
Form	Common Policy Change Endorsement	Approved	Yes
Form	Schedule of Forms and Endorsements	Approved	Yes
Form	Schedule of Locations	Approved	Yes
Form	Schedule of Taxes, Surcharges or Fees	Approved	Yes
Form	Schedule of Named Insured(s)	Approved	Yes
Form	Schedule of Taxes, Surcharges or Fees Changes	Approved	Yes
Form	Schedule of Location Changes	Approved	Yes
Form	Installment Schedule	Approved	Yes
Form	Businessowners Policy Declarations	Approved	Yes
Form	Businessowners Policy Declarations - Extension	Approved	Yes
Form	Schedule of Businessowners Policy Changes	Approved	Yes
Form	Schedule of Loss Payee(s)	Approved	Yes
Form	Schedule of Mortgage Holder(s)	Approved	Yes

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Form	Cancellation Endorsement	Approved	Yes
Form	Reinstatement Endorsement	Approved	Yes
Form	Schedule of Businessowners Policy Optional Coverage Changes	Approved	Yes
Form	Businessowners Optional Coverage Schedule	Approved	Yes
Form	Lead Contamination Exclusion	Approved	Yes
Form	Absolute Asbestos Exclusion	Approved	Yes
Form (revised)	Amendment - Aggregate Limits of Insurance Endorsement (Per Location)	Approved	Yes
Form	Amendment - Aggregate Limits of Insurance Endorsement (Per Location)	Approved	Yes
Form	Signature Page - WIC & ERC	Approved	Yes
Form	Silica Dust, Other Dusts and Toxic Substance Exclusion	Approved	Yes
Form	Exterior Insulation and Finish SYstem (EIFS) Exclusion	Approved	Yes

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Amendment Letter

Amendment Date:
 Submitted Date: 08/31/2007

Comments:
 An incorrect form was initially attached. It has been corrected.

Changed Items:
Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Amendment - Aggregate Limits of Insurance Endorsement (Per Location)	WIC-3559	1003	Endorsement/Conditions	New			0	WIC-3559 1003.pdf

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Exclusion - Designated Professional Services	SP 000 583	1003	Endorsement/Amendment/Conditions		0.00	SP 000 583 1003.pdf
Approved	Earth Movement Endorsement	SP 001 052	1003	Endorsement/Amendment/Conditions		0.00	SP 001 052 1003.pdf
Approved	Businessowners Extra Coverage	SP 1 749	1005	Endorsement/Amendment/Conditions		0.00	SP 1 749 1005.pdf
Approved	Increased Limits for Property Coverages	SP 1 750	1003	Endorsement/Amendment/Conditions		0.00	SP 1 750 1003.pdf
Approved	Businessowners Scheduled Property Coverage	SP 1 751	1003	Endorsement/Amendment/Conditions		0.00	SP 1 751 1003.pdf
Approved	Businessowners Fine Arts Coverage	SP 1 752	1003	Endorsement/Amendment/Conditions		0.00	SP 1 752 1003.pdf
Approved	Printers Errors and Omissions Liability Coverage	SP 1 753	1105	Endorsement/Amendment/Conditions		0.00	SP 1 753 1105.pdf
Approved	Unintentional Errors and Omissions	SP 1 754	0805	Endorsement/Amendment/Conditions		0.00	SP 1 754 0805.pdf

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Approved	Blanket Additional Insured Certificate Holder	SP 1 756	1003	Endorseme New nt/Amendm ent/Condi ons	0.00	SP 1 756 1003.pdf
Approved	Blanket Additional Insured (By Contract)	SP 1 757	1003	Endorseme New nt/Amendm ent/Condi ons	0.00	SP 1 757 1003.pdf
Approved	Amendment - Aggregate Limits of Insurance	SP 1 758	1003	Endorseme New nt/Amendm ent/Condi ons	0.00	SP 1 758 1003.pdf
Approved	Damage to Customers' Property	SP 1 759	1003	Endorseme New nt/Amendm ent/Condi ons	0.00	SP 1 759 1003.pdf
Approved	Food Contamination Coverage	SP 1 761	1003	Endorseme New nt/Amendm ent/Condi ons	0.00	SP 1 761 1003.pdf
Approved	Bailee's Customers Property Coverage	SP 1 762	1003	Endorseme New nt/Amendm ent/Condi ons	0.00	SP 1 762 1003.pdf
Approved	Customers' Artwork	SP 1 763	1003	Endorseme New nt/Amendm ent/Condi ons	0.00	SP 1 763 1003.pdf
Approved	Exclusion - Athletic Or Sports Participants	SP 1 764	1003	Endorseme New nt/Amendm ent/Condi ons	0.00	SP 1 764 1003.pdf
Approved	Employees' Tools Coverage	SP 1 768	1003	Endorseme New nt/Amendm ent/Condi ons	0.00	SP 1 768 1003.pdf
Approved	Employee	SP 1 812	1003	Endorseme New	0.00	SP 1 812

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	Dishonesty Coverage - Exclusion of Designated Persons or Classes of Persons			nt/Amendm ent/Condi ons			1003.pdf
Approved	Fellow Employee Coverage	SP 1 813	1003	Endorseme nt/Amendm ent/Condi ons	0.00		SP 1 813 1003.pdf
Approved	Fraternal Organization Endorsement	SP 1 815	0805	Endorseme nt/Amendm ent/Condi ons	0.00		SP 1 815 0805.pdf
Approved	Additional Insured - Club Members (Including Medical Expense)	SP 1 816	1003	Endorseme nt/Amendm ent/Condi ons	0.00		SP 1 816 1003.pdf
Approved	Additional Insured - Club Members	SP 1 817	1003	Endorseme nt/Amendm ent/Condi ons	0.00		SP 1 817 1003.pdf
Approved	Additional Limit of Employee Dishonesy Coverage for Designated Employees or Positions	SP 1 818	1003	Endorseme nt/Amendm ent/Condi ons	0.00		SP 1 818 1003.pdf
Approved	Additional Property Not Covered	SP 1 819	1003	Endorseme nt/Amendm ent/Condi ons	0.00		SP 1 819 1003.pdf
Approved	Coverage For Money and	SP 1 820	1003	Endorseme nt/Amendm	0.00		SP 1 820 1003.pdf

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	Securities in the Custody of Designated Officers	ent/Condi ons					
Approved	Coverage For Money and Securities in the Custody of Volunteer Workers	SP 1 821 1003	Endorseme nt/Amendm ent/Condi ons	0.00	SP 1 821 1003.pdf		
Approved	Employee Dishonesty Coverage for Designated Officers	SP 1 822 1003	Endorseme nt/Amendm ent/Condi ons	0.00	SP 1 822 1003.pdf		
Approved	Employee Dishonesty Coverage for Volunteer Workers	SP 1 823 1003	Endorseme nt/Amendm ent/Condi ons	0.00	SP 1 823 1003.pdf		
Approved	Exclusions - Counseling Services	SP 1 824 1003	Endorseme nt/Amendm ent/Condi ons	0.00	SP 1 824 1003.pdf		
Approved	Exclusion - Described Hazards (Carnivals, Circuses and Fairs)	SP 1 825 1003	Endorseme nt/Amendm ent/Condi ons	0.00	SP 1 825 1003.pdf		
Approved	Additional Insured - Grantor of Franchise	SP 1 901 1003	Endorseme nt/Amendm ent/Condi ons	0.00	SP 1 901 1003.pdf		
Approved	Businessowners Policy Declarations	SP 1 903 0106	Declaration New s/Schedule	0.00	SP 1 903 0106.pdf		

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Approved	Common Policy	SP 2 172	0702	Declaration New	0.00	SP 2 172
	Declarations			s/Schedule		0702.pdf
Approved	Common Policy	SP 2 173	0702	Endorseme New	0.00	SP 2 173
	Change			nt/Amendm		0702.pdf
	Endorsement			ent/Condi		
				ons		
Approved	Schedule of	SP 2 174	0702	Declaration New	0.00	SP 2 174
	Forms and			s/Schedule		0702.pdf
	Endorsements					
Approved	Schedule of	SP 2 175	0702	Declaration New	0.00	SP 2 175
	Locations			s/Schedule		0702.pdf
Approved	Schedule of	SP 2 176	0702	Declaration New	0.00	SP 2 176
	Taxes,			s/Schedule		0702.pdf
	Surcharges or					
	Fees					
Approved	Schedule of	SP 2 177	0702	Declaration New	0.00	SP 2 177
	Named			s/Schedule		0702.pdf
	Insured(s)					
Approved	Schedule of	SP 2 200	0702	Declaration New	0.00	SP 2 200
	Taxes,			s/Schedule		0702.pdf
	Surcharges or					
	Fees Changes					
Approved	Schedule of	SP 2 201	0702	Declaration New	0.00	SP 2 201
	Location			s/Schedule		0702.pdf
	Changes					
Approved	Installment	SP 2 202	0802	Declaration New	0.00	SP 2 202
	Schedule			s/Schedule		0802.pdf
Approved	Businessowners	SP 2 214	0604	Declaration New	0.00	SP 2 214
	Policy			s/Schedule		0604.pdf
	Declarations					
Approved	Businessowners	SP 2 215	0604	Declaration New	0.00	SP 2 215
	Policy			s/Schedule		0604.pdf
	Declarations -					
	Extension					
Approved	Schedule of	SP 2 216	0903	Declaration New	0.00	SP 2 216
	Businessowners			s/Schedule		0903.pdf
	Policy Changes					

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Approved	Schedule of Loss Payee(s)	SP 2 220	0903	Declaration News/Schedule	0.00	SP 2 220 0903.pdf
Approved	Schedule of Mortgage Holder(s)	SP 2 221	0903	Declaration News/Schedule	0.00	SP 2 221 0903.pdf
Approved	Cancellation Endorsement	SP 2 224	0802	Endorsement/Amendment/Conditions	0.00	SP 2 224 0802.pdf
Approved	Reinstatement Endorsement	SP 2 225	0802	Endorsement/Amendment/Conditions	0.00	SP 2 225 0802.pdf
Approved	Schedule of Businessowners Policy Optional Coverage Changes	SP 2 226	0903	Declaration News/Schedule	0.00	SP 2 226 0903.pdf
Approved	Businessowners Optional Coverage Schedule	SP 2 227	0903	Declaration News/Schedule	0.00	SP 2 227 0903.pdf
Approved	Lead Contamination Exclusion	SP 3 990	0607	Endorsement/Amendment/Conditions	Replaced Form #:0.00 New for NAS & NAE; Replaces WIC-3352 for WIC & ERC Previous Filing #:	SP 3 990 0607.pdf
Approved	Absolute Asbestos Exclusion	SP 3 995	0607	Endorsement/Amendment/Conditions	Replaced Form #:0.00 New for NAS; Replaces NAE-ASB-001B for NAE; Replaces WIC-3351 for WIC & ERC Previous Filing #:	SP 3 995 0607.pdf
Approved	Amendment -	WIC-3559	1003	Endorsement New	0.00	WIC-3559

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	Aggregate Limits of Insurance Endorsement (Per Location)		nt/Amendm ent/Condi ons		1003.pdf
Approved	Signature Page - SP 3 881 0307 WIC & ERC		Endorseme Replaced nt/Amendm ent/Condi ons	Replaced Form #:0.00 Replaces SP 2 277 0906 for WIC; Replaces SP 3 252 0906 for ERC Previous Filing #:	SP 3 881 0307.pdf
Approved	Silica Dust, Other SP 3 294 0604 Dusts and Toxic Substance Exclusion		Endorseme Withdrawn nt/Amendm ent/Condi ons	Replaced Form #:0.00 Previous Filing #:	
Approved	Exterior SP 3 150 1003 Insulation and Finish SYstem (EIFS) Exclusion		Endorseme Withdrawn nt/Amendm ent/Condi ons	Replaced Form #:0.00 Previous Filing #:	

[Insert Company Name Here]

EXCLUSION – DESIGNATED PROFESSIONAL SERVICES

This endorsement changes the policy. Please read it carefully.

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Description of Professional Services:
1.
2.
3.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

SECTION II – LIABILITY is changed as follows:

With respect to any professional services shown in the Schedule, the following exclusion is added to Paragraph B., Exclusions, sub-paragraph 1. Applicable To Business Liability Coverage, Part j. Professional Services:

This insurance does not apply to "bodily injury," "property damage," or "personal and advertising injury" due to the rendering of or failure to render any professional service.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

Endorsement Serial No. SP 000 583 1003

[Insert Company Name Here]

EARTH MOVEMENT EXCLUSION ENDORSEMENT

This Endorsement Changes the Policy. Please Read it Carefully.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
BUSINESSOWNERS COVERAGE FORM

If any of the above coverage parts or coverage forms are part of your policy, this endorsement modifies the insurance provided by such coverage parts or coverage forms in the manner set forth below.

This insurance does not apply to any liability arising out of, caused by, resulting from or aggravated by any earth movement, including but not limited to subsidence, earth sinking, rising, settling, tilting or shifting, earth slipping or falling away, earth caving in, erosion or mud flow, or any other movements of land or earth caused by or arising out of any operations by or on behalf of the Insured.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESSOWNERS EXTRA COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

I. **SECTION I - PROPERTY** is changed as follows:

A. **Boundary Extension**

All references to property “within 100 feet of the described premises” are changed to property “within 1,000 feet of the described premises.”

B. Paragraph A, **Coverage**, sub-paragraph 5., **Additional Coverages**, is changed as follows:

1. In part a., **Debris Removal**, in the first sentence and final sentences of (4), \$10,000 is changed to \$25,000.
2. In part c., **Fire Department Service Charge**, \$1,000 is changed to \$15,000.
3. In part j., **Money Orders And Counterfeit Paper Currency**, \$1,000 is changed to \$25,000.
4. In part k., **Forgery And Alteration**; sub-paragraph (3) is deleted and replaced by the following:
 - (3) The most we will pay for any loss, including legal expenses, under this Additional Coverage is \$150,000, unless a higher Limit of Insurance is shown in the Declarations.
5. Part l., **Increased Cost Of Construction**, is deleted and replaced by the following:
 1. **Ordinance Or Law Coverage**
 - (1) This Additional Coverage applies only to buildings on a replacement cost basis.
 - (2) In the event of damage by a Covered Cause of Loss to a building that is Covered Property we will pay for the following kinds of loss caused by enforcement of a building, zoning or land use ordinance or law subject to the limitations stated in (3) through (9) of this Additional Coverage:
 - (a) The loss in value of the undamaged portion of the building.
 - (b) The cost to demolish and remove debris of undamaged parts of the building;
or
 - (c) The increased cost to repair or reconstruct damaged portions or to reconstruct or remodel undamaged portions of the building, whether or not demolition is required.
 - (3) The ordinance or law referred to in (2) of this Additional Coverage is an ordinance or law that requires the demolition of parts of the same property not damaged by a Covered Cause of Loss, or that regulates the construction or repair of buildings or establishes zoning or land use requirements at the described premises, and is in force at the time of loss.

[Insert Company Name Here]

- (4) Under this Additional Coverage, we will not pay any costs due to an ordinance or law that:
 - (a) You were required to comply with before the loss, even when the building was undamaged; and
 - (b) You failed to comply with.
- (5) Under this Additional Coverage, we will not pay for any costs associated with the enforcement of an ordinance or law which requires any insured or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of “pollutants.”
- (6) The most we will pay under this Additional Coverage, for each described building insured under this Coverage Form, is:
 - (a) For loss in value of the undamaged portion of the building, the Limit of Insurance shown in the Declarations as applicable to the covered Building property.
 - (b) For the combined cost of demolition and increased cost of construction, \$50,000, unless a higher Limit of Insurance for Ordinance or Law Coverage is shown in the Schedule. This amount is additional insurance.
- (7) With respect to this Additional Coverage:
 - (a) For loss in value of the undamaged portion of the building, we will not pay more than the lesser of:
 - (i) The amount you actually spend to repair, rebuild, or reconstruct the building, but not for more than the amount it would cost to restore the building on the same premises and to the same height, floor area, style and comparable quality of the original property insured, if the property is repaired or replaced on the same or another premises; or
 - (ii) The actual cash value of the building at the time of loss if the property is not repaired or replaced.
 - (b) For demolition cost, we will not pay more than the amount you actually spend to demolish and clear the site of the described premises.
 - (c) With respect to the Increased Cost of Construction:
 - (i) We will not pay for the Increased Cost of Construction:
 - i. Until the property is actually repaired or replaced, at the same or another premises; and
 - ii. Unless the repairs or replacement are made as soon as reasonably possible after the loss or damage, not to exceed two years. We may extend this period in writing during the two years.

[Insert Company Name Here]

- (ii) If the building is repaired or replaced at the same premises, or if you elect to rebuild at another premises, the most we will pay for the Increased Cost of Construction is the increased cost of construction at the same premises.
 - (iii) If the ordinance or law requires relocation to another premises, the most we will pay for the Increased Cost of Construction is the increased cost of construction at the new premises.
 - (8) This Additional Coverage is not subject to the terms of the Ordinance or Law Exclusion, to the extent that such Exclusion would conflict with the provisions of this Additional Coverage.
 - (9) The costs addressed in the Loss Payment Property Loss Condition in this Coverage Form do not include the increased cost attributable to enforcement of an ordinance or law. The amount payable under this Additional Coverage, as stated in f. of this Additional Coverage, is not subject to such limitation.
6. In part m., **Business Income From Dependent Properties**, sub-paragraph (1), \$5000 is replaced by \$10,000.
7. Part o., **Fire Extinguisher Systems Recharge Expense**, sub-part (3) is deleted and replaced with the following:
- (3) The most we will pay under this Additional Coverage in any one occurrence is \$15,000 for recharge expense, \$15,000 for clean-up expenses, and \$15,000 for Loss of Business Income and Extra Expense. The amounts payable under this Additional Coverage are additional insurance.
8. The following Additional Coverages are added:
- a. **Arson And Theft Reward**

We will pay a reward for information which leads to an arson conviction in connection with a fire or explosion loss covered under this policy or to a theft conviction in connection with a covered theft loss. Regardless of the number of persons who provide such information, the most we will pay for rewards in any one loss is \$25,000. But we will not pay more for a reward than we paid for the loss. The amount payable under this Additional Coverage is additional insurance.
 - b. **Sewer Backup**

We will pay for direct physical loss of or damage to Covered Property at the premises described in the Declarations caused by or resulting from:

 - (1) Water that backs up from a sewer or drain; or
 - (2) Water under the ground surface pressing on, or flowing or seeping through:
 - (i) Foundations, walls, floors or paved surfaces;
 - (ii) Basements, whether paved or not; or
 - (iii) Doors, windows or other openings.

[Insert Company Name Here]

This Additional Coverage is not subject to the terms of the Water Exclusion, to the extent that such Exclusion would conflict with the provisions of this Additional Coverage.

The most we will pay for each described premises for the sum of all loss under this Additional Coverage during each separate 12 month period of this policy is \$50,000, unless a higher Limit of Insurance for Sewer Backup Coverage is shown in the Schedule. This Additional Coverage is included within the Limit of Insurance applicable to the premises where the damage occurs.

c. Theft Damage To Buildings

If you are a tenant and no Limit of Insurance is shown in the Declarations for Building property, we will pay for damage at the described premises caused directly by theft or attempted theft to:

- (1) That part of any building containing Covered Property; or
- (2) Equipment within the building used to maintain or service the building;

if you are legally responsible for the damage.

But we will not pay under this Additional Coverage for damage caused by fire, or to glass or to lettering or art work on glass.

This Additional Coverage is included within the Limit of Insurance applicable to Business Personal Property at the premises where the damage occurs.

d. Temporary Relocation Of Property

We will pay for direct physical loss of or damage to Covered Property caused by or resulting from a Covered Cause of Loss at another location where it is in storage for up to 120 days while the described premises is being repaired, renovated or remodeled. This 120-day period includes any coverage period provided under the Preservation of Property Additional Coverage. This Additional Coverage is included within the Limit of Insurance applicable to the premises from which the property was moved.

e. Brands And Labels

If branded or labeled merchandise that is Covered Personal Property is damaged by a Covered Cause of Loss and we take all or any part of the damaged merchandise at an agreed or appraised value as part of the loss settlement, we will pay your expense to:

- (1) Stamp "salvage" on the merchandise or its containers, if the stamp will not physically damage the merchandise; or
- (2) Remove the brands or labels if doing so will not physically damage the merchandise or its containers. You must relabel the merchandise or its containers to comply with the law.

This Additional Coverage is included within the Limit of Insurance applicable to Business Personal Property at the premises where the damage occurs.

[Insert Company Name Here]

f. **Temperature Change**

We will pay for direct physical loss of or damage to Covered Personal Property at the described premises, caused by or resulting from a change in temperature or humidity.

But this Additional Coverage does not apply to loss of or damage to “perishable property” if the change in temperature or humidity results from:

- (1) Mechanical breakdown or mechanical failure of refrigerating, cooling or humidity control apparatus or equipment, or
- (2) Power outage, meaning change in temperature or humidity resulting from complete or partial interruption of electrical power, either on or off the described premises.

As used in this Additional Coverage, “perishable property” means property maintained under controlled temperature or humidity conditions for preservation, and susceptible to loss or damage if the controlled temperature or humidity conditions change.

This Additional Coverage is not subject to the terms of parts (7)(a) and (7)(b) of Exclusion B.2.1. **Other Types of Loss**, to the extent that such Exclusions would conflict with the provisions of this Additional Coverage.

The most we will pay under this Additional Coverage is \$25,000. This Additional Coverage is included within the Limit of Insurance applicable to Business Personal Property at the premises where the spoilage occurs.

g. **Broadened Business Income And Extra Expense-Electronic Media and Records**

If mechanical breakdown coverage for Computer Equipment is provided by another endorsement to this policy, **Property Loss Condition 5. - Limitation - Electronic Media and Records** is deleted.

The definitions of Business Income and Extra Expense contained in the Business Income and Extra Expense Additional Coverages also apply to this Additional Coverage. This Additional Coverage is not subject to the Limits of Insurance.

h. **Fine Arts**

We will pay up to \$25,000 as an additional amount of insurance at each described premises to cover direct physical loss of or damage to Fine Arts, owned by you.

As used in this Coverage, Fine Arts means paintings, etchings, pictures, tapestries, art glass windows, valuable rugs, statuary, marbles, bronzes, antique silver, manuscripts, porcelains, rare glass, bric-a-brac, and similar property, of rarity, historical value or artistic merit.

The value of Fine Arts will be the Market Value at the time of loss or damage. Our payment for loss of or damage to property of others will only be for the account of the owner of the property.

[Insert Company Name Here]

i. **Property Of Others**

We will pay up to \$25,000 as an additional amount of insurance at each described premises to cover direct physical loss of or damage by a covered cause of loss to Personal Property of Others that is in your care, custody and control regardless of the amount for which you are legally liable on a replacement cost basis. Part 6.d.(3)(b), in Paragraph E, **Property Loss Conditions**, does not apply to this coverage extension.

j. **Lost Key Consequential Loss**

We will pay up to \$1,000 in any one occurrence for

- (1) The actual cost of keys, and
- (2) Adjustment of locks to accept new keys, or
- (3) If required, new locks including cost of their installation,

if necessary because a master or grand master key is lost or damaged from a Covered Cause of Loss.

k. **Utility Service Interruption**

We will pay for loss or damage to covered property and Business Income or Extra Expense at the described premises caused by the interruption of service to the described premises. The interruption must result from direct physical loss or damage by a Covered Cause of Loss to a Utility Service Property described below, all of which are considered a Utility Service Interruption:

- (1) Water Supply Services, meaning the following types of property supplying water to the described premises:
 - (a) Pumping stations; or
 - (b) Water mains.
- (2) Communications Supply Services, meaning property supplying communication services, including telephone, radio, microwave or television services to the described premises, such as:
 - (a) Communication transmission lines, including fiberoptic transmission lines and overhead transmission lines;
 - (b) Coaxial cables; and
 - (c) Microwave radio relays, except satellites.
- (3) Power Supply Services meaning the following types of property supplying electricity, steam, or gas to the described premises:
 - (a) Utility generating plants;
 - (b) Switching stations;
 - (c) Substations;

[Insert Company Name Here]

- (d) Transformers; and
- (e) Transmission lines, including overhead transmission lines.

The most we will pay for loss or damage in any one occurrence under this Additional Coverage is as follows:

- (1) For direct physical loss: For each occurrence up to a limit of \$100,000.
- (2) For Business Interruption and Extra Expense: For each occurrence, actual loss sustained within 30 days following the date of direct physical loss or damage to the utility services property described above up to a limit of \$100,000, provided however that there shall be no coverage and no damages paid for Business Interruption or Extra Expense damages or losses incurred within the first 72 hours of Utility Service Interruption.

This Additional Coverage is not subject to the terms of Paragraph B – **Exclusions**, sub-paragraph 1.e., **Power Failure**, to the extent that such exclusion would conflict with the provisions of the Additional Coverage.

C. Paragraph A, **Coverage**, sub-paragraph 6., **Coverage Extensions**, is changed as follows:

1. Part a., **Newly Acquired or Constructed Property** is changed as follows:

(a) The final sentence of part (1) **Buildings** is replaced with the following:

The most we will pay for loss or damage at each building under this Extension is 25% of the highest Limit of Insurance shown in the Declarations for Buildings at any one premises, but not more than \$750,000.

(b) The final sentence of Part (2) **Business Personal Property** is replaced with the following:

The most we will pay for loss or damage at each premises under this Extension is 100% of the highest Limit of Insurance shown in the Declarations for Business Personal Property at any one premises, but not more than \$750,000.

(c) Item (4) **Business Income and Extra Expense** is added as follows:

(4) **Business Income and Extra Expense**

You may extend your Business Income and Extra Expense Coverages to apply at any premises covered under 1. or 2. above. Insurance under this Extension for each newly acquired or constructed property will end when any of the following first occurs:

- (a) This policy expires.
- (b) 30 days expire after you acquire or begin to construct the property; or
- (c) You report values to us.

2. The final sentence of part b., **Personal Property Off Premises**, is replaced by the following:

The most we will pay for loss or damage under this Extension is \$50,000, unless a higher Limit of Insurance for Personal Property Off Premises is shown in the Schedule.

[Insert Company Name Here]

3. Part c., **Outdoor Property**, is replaced by the following:

c. **Outdoor Property**

(1) You may extend the insurance provided by this policy to apply to your outdoor fences, radio and television antennas (including satellite dishes), trees, shrubs and plants, including debris removal expense, caused by or resulting from any of the following causes of loss:

- (a) Fire;
- (b) Lightning;
- (c) Explosion;
- (d) Riot or Civil Commotion; or
- (e) Aircraft.

The most we will pay for loss or damage under this Extension is \$15,000, but not more than \$2,500 for any one tree, shrub or plant.

4. In the final sentence of part d., **Personal Effects**, \$2,500 is changed to \$25,000. Sub-part (2) of part d. is deleted.

5. In sub-part (3) of part e., **Valuable Papers And Records**, the \$10,000 limit at described premises is changed to \$50,000. The limit for "Valuable Papers and Records" not at the described premises is changed from \$5,000 to \$25,000.

6. In sub-part (2) of part f., **Accounts Receivable**, the \$10,000 limit at described premises is changed to \$50,000. The limit for accounts receivable not at the described premises is changed from \$5,000 to \$25,000.

7. The following **Coverage Extensions** are added:

a. **Other Buildings And Structures**

(1) If you are a tenant and no Limit of Insurance is shown in the Declarations for Building property, you may extend the insurance that applies to Business Personal Property to apply to garages, storage buildings or other buildings or structures on the described premises which are:

- (a) Not otherwise insured;
- (b) Owned by you or for which you are legally liable; and
- (c) Used in your business.

(2) If a Building Limit of Insurance is shown in the Declarations and other buildings as described in paragraph (1) are damaged in the same occurrence as your main building(s), we will extend the insurance that applies to building to cover loss or damage at those other buildings.

(3) The most we will pay for loss or damage under this Extension is:

[Insert Company Name Here]

(a) Under sub-part (1), 10% of the Business Personal Property Limit of Insurance, or

(b) Under sub-part (2), 10% of the Building Limit of Insurance,

applicable at the premises where the damage occurs, but not more than \$50,000 for any one occurrence.

b. **Claims Expenses**

When there is a loss to Covered Property from a Covered Cause of Loss, you may extend the insurance provided by this policy to apply to your expense to prepare a statement of loss, an inventory of damaged property, or other exhibits required to present your claim. The most we will pay for all such expenses in any one occurrence is \$10,000.

D. Sub-paragraph 2. of Paragraph C., **Limits Of Insurance**, is deleted.

E. Sub-paragraph 3. of Paragraph D., **Deductibles**, is replaced by the following:

3. No deductible applies to the following Additional Coverages:

- a. Fire Department Service Charge;
- b. Business Income;
- c. Extra Expense;
- d. Civil Authority;
- e. Fire Extinguisher System Recharge Expense; and
- f. Broadened Business Income and Extra Expense.

F. Paragraph E., **Property Loss Condition**, is changed as follows

1. Paragraph E., **Property Loss Condition**, sub-paragraph 6, **Loss Payment**, is changed as follows:

Replacement Cost -

Paragraphs (a) and (b) of Part d.(1) are replaced by the following:

- (a) The Limit of Insurance under this policy that applies to the lost or damaged property; or
- (b) The cost to replace, on the same premises, the lost or damaged property with other property:
 - (i) Of comparable material and quality; and
 - (ii) Used for the same purpose; or
 - (iii) The amount that you actually spend that is necessary to repair or replace the lost or damaged property.

[Insert Company Name Here]

2. The following is added to Paragraph E., **Property Loss Conditions**, sub-paragraph 6., **Loss Payment**:

Selling Price for Stock

We will determine the value of Covered Property that is “stock” you have sold but not delivered at the selling price less discounts and expenses you otherwise would have had.

- G. Section G., **Optional Coverages**, is changed as follows:

1. The first paragraph of Section G., **Optional Coverages** is replaced by the following:

If shown as applicable in the Declarations, or if a specific limit is shown below, the following Optional Coverages also apply. These coverages are subject to the terms and conditions applicable to property coverage in this policy, except as provided below

2. Paragraph 1., **Outdoor Signs**, item d. is replaced with the following:

d. The most we will pay for loss or damage in any one occurrence is \$15,000 or the Limit of Insurance for Outdoor Signs shown in the Declarations.

3. Paragraph 2., **Money and Securities**, item c. is replaced with the following:

c. The most we will pay for loss in any one occurrence is:

(1) \$50,000 or the limit shown in the declarations for Inside the Premises for “money” and “securities” while:

(a) In or on the described premises; or

(b) Within a bank or savings institution; and

(2) \$25,000 or the limit shown in the Declarations for Outside the Premises for “money” and “securities” while anywhere else.

4. Paragraph 3., **Employee Dishonesty**, item c. is replaced with the following and item j. is added as below:

c. The most we will pay for loss or damage in any one occurrence is \$150,000 or the Limit of Insurance for Employee Dishonesty shown in the Declarations.

j. ERISA – Employee Dishonesty

We shall include as a Named Insured under the Employee Dishonesty Coverage any:

(1) Employee Welfare Benefit Plan, and

(2) Employee Pension Benefit Plan,

owned, controlled or operated by you which you provide solely for the benefit of your employees (hereinafter collectively called “Plan”).

This insurance does not increase the Limit of Insurance under the Employee Dishonesty Optional Coverage. ERISA - Employee Dishonesty does not provide fiduciary liability insurance.

[Insert Company Name Here]

The following provisions shall apply to ERISA - Employee Dishonesty Coverage.

- (1) Employee as used in ERISA - Employee Dishonesty shall also include any natural person who is:
 - (a) a trustee, an officer, employee, administrator, volunteer, or a manger, except an administrator or a manager who is an independent contractor, of any Plan insured under this insurance, and
 - (b) Your director or trustee other than a fiduciary while that person is handling funds or other property of any Plan insured under this insurance.
- (2) If any Plan is insured jointly with any other entity under this insurance, you or the Plan Administrator must select a Limit of Insurance for the Employee Dishonesty Coverage Form that is sufficient to provide an amount of insurance for each Plan that is at least equal to that required if each Plan were separately insured.
- (3) If the Insured first named in the Declarations is an entity other than a Plan, any payment we make to that Insured for loss sustained by any Plan will be held by that Insured for the use and benefit of the Plan(s) sustaining the loss.
- (4) If two or more Plans are insured under this insurance, any payment we make for loss:
 - (a) sustained by two or more Plans; or
 - (b) of commingled funds or other property of two or more Plans that arises out of one "occurrence," is to be shared by each Plan sustaining loss in the proportion that the amount of insurance required for each such Plan under ERISA provisions bears to the total of those amounts.
- (5) The Deductible provisions of the Employee Dishonesty Coverage Form does not apply to loss sustained by any Plan subject to ERISA which is insured under this insurance.
- (6) The most we will pay for loss or damage in any one occurrence is the Limit of Insurance for Employee Dishonesty.

Paragraph B. **Exclusions**, sub-paragraph 2.f., **Dishonesty**, does not apply to coverage afforded by this additional coverage.

II. **SECTION II – LIABILITY** is changed as follows:

A. **Newly Acquired Organizations**

The following is added to Paragraph C., **Who Is An Insured**:

4. Any organization you newly acquire or form, other than a partnership, joint venture, or limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:
 - a. Coverage under this provision is afforded only until the 120th day after you acquire or form the organization or the end of the policy period, whichever is earlier;

[Insert Company Name Here]

- b. Business Liability Coverage does not apply to:
- (1) “Bodily injury” or “property damage” that occurred before you acquired or formed the organization; and
 - (2) “Personal injury” or “advertising injury” arising out of an offense committed before you acquired or formed the organization.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture, or limited liability company that is not shown as a Named Insured in the Declarations.

B. TENANTS LIABILITY

1. The final paragraph of Paragraph B.1. **Exclusions, - Applicable To Business Liability Coverage**, is deleted and replaced by the following:

With respect to premises which are rented to you or temporarily occupied by you with the permission of the owner, Exclusions c., d., e., g., h., k., l., m., n. and o. do not apply to “property damage.”

2. Sub-paragraphs 2. and 3. under Paragraph D., **Liability And Medical Expenses Limits Of Insurance**, are deleted and replaced by the following:

The most we will pay under Business Liability Coverage for the sum of all damages because of all “property damage” arising out of any one “occurrence” to premises rented to you or temporarily occupied by you with the permission of the owner is \$300,000, unless a higher Tenants Liability Limit of Insurance is shown in the Schedule.

3. The Aggregate Limit under Paragraph D., **Liability And Medical Expenses Limits Of Insurance**, sub-paragraph 4., **Aggregate Limits**, part b., does not apply to Tenants Liability. “Tenants Liability” is defined as “bodily injury,” “property damage,” or “personal and advertising injury” arising out of the rental of any premises by an insured from a party who is not an insured.

C. Expanded Bodily Injury

Paragraph F., **Liability And Medical Expenses Definition**, sub-paragraph 3, is deleted and replaced by the following:

“Bodily injury” means bodily injury, sickness or disease sustained by a person, including disability, shock, mental anguish, mental injury or death resulting from any of these at any time.

D. Amendment - Aggregate Limits Of Insurance (Per Project Or Per Location)

The Aggregate Limits in Paragraph D.4. of **Liability And Medical Expenses Limits Of Insurance** apply separately to:

1. Each of your projects away from premises owned by or rented to you; and
2. Each “location” arising from all “occurrences” which can be attributed only to operations at a single “location.”

[Insert Company Name Here]

For the purposes of this endorsement, the following is added to Paragraph F., **Liability and Medical Expense Definitions**:

“Location” means described premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.

E. **Fellow Employee**

Paragraph C. **Who Is An Insured** of Section II – **Liability** is changed as follows:

Under C.2.a.(1), the exceptions in parts (a) and (b) for “bodily injury” or “personal and advertising injury” to you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), to a co-“employee,” or to your other “volunteer workers,” or to the spouse, child, parent, brother or sister of that co-“employee,” apply only to “personal and advertising injury.”

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INCREASED LIMITS FOR PROPERTY COVERAGES

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM
BUSINESSOWNERS EXTRA COVERAGE ENDORSEMENT

If an "X" is shown in the box in the Schedule below, the coverage limits provided in the indicated **Additional Coverages, Coverage Extensions, and Limitations** of **SECTION I - PROPERTY** and the Businessowners Extra Coverage Endorsement, if applicable, are increased to the amount shown.

SCHEDULE

ITEM	COVERAGE AMOUNT
ADDITIONAL COVERAGES	
<input type="checkbox"/> Debris Removal	\$ in addition to the 25% limitation
<input type="checkbox"/> Preservation of Property	days
<input type="checkbox"/> Fire Department Service Charge	\$
<input type="checkbox"/> Pollutant Clean Up and Removal	\$ during each separate 12 month period
<input type="checkbox"/> Civil Authority	weeks
<input type="checkbox"/> Money Orders and Counterfeit Paper Currency	\$
<input type="checkbox"/> Fire Suppression Equipment Discharge	\$ Recharge Expense \$ Clean-up Expense \$ Business Income and Extra Expense
<input type="checkbox"/> Arson and Theft Reward	\$

COVERAGE EXTENSIONS

<input type="checkbox"/>	Newly Acquired or Constructed Property	\$	Buildings
		\$	Business Personal Property
			days until coverage expires
<input type="checkbox"/>	Personal Effects	\$	
<input type="checkbox"/>	Outdoor Property	\$	Total All Items
		\$	Per Item
<input type="checkbox"/>	Other Buildings and Structures		% but not more than \$
<input type="checkbox"/>	Replacement Cost for Property of Others	\$	

LIMITATIONS

<input type="checkbox"/>	Furs	\$
<input type="checkbox"/>	Jewelry, Watches, Precious and Semi-Precious Stones, Precious Alloys or Metals	\$
<input type="checkbox"/>	Patterns, Dies, Molds and Forms	\$

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESSOWNERS SCHEDULED PROPERTY COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

DESCRIPTION OF PROPERTY	LIMIT OF INSURANCE
	\$

TOTAL OF ALL COVERED PROPERTY \$

DEDUCTIBLE: The Deductible in the Declarations applies unless a different Deductible is entered here: \$

OPTIONAL COVERAGES
Applicable only if an "X" is shown in the boxes below.

Earthquake Deductible: \$

Flood Deductible: \$

RATE \$ ADDITIONAL PREMIUM \$

Section I – PROPERTY is changed as follows:

A. Coverage

1. The following is added to Paragraph A., Coverage, Sub-paragraph 1., Covered Property:

Scheduled Property

We will pay for direct physical loss of or damage to Covered Property for which a Limit of Insurance is shown in the Schedule, caused by or resulting from any Covered Cause of Loss. Covered Property means your property described in the Schedule, and similar property of others that is in your care, custody or control.

2. The following is added to Paragraph A., Coverage, Sub-paragraph 2, Property Not Covered:

Covered Property does not include contraband, or property in the course of illegal transportation or trade.

B. Limitations

For the purposes of property covered by this endorsement, Paragraph A., Coverage, Sub-paragraph 4., Limitation, is modified as follows:

The dollar amounts in Limitation c. for loss or damage by theft for furs, fur garments and garments trimmed with fur; jewelry, watches, watch movements, jewels, pearls, precious and semi-precious stones, bullion, gold, silver, platinum and other precious alloys or metals; or patterns, dies, molds and forms do not apply to individual items for which a Limit of Insurance is shown in the Schedule of this endorsement.

C. Coverage Extension.

For the purposes of coverage provided by this endorsement, Paragraph A., Coverage, Sub-paragraph 6., Coverage Extensions, part b., Personal Property Off Premises, is deleted.

D. Exclusions.

For the purposes of coverage provided by this endorsement, the following exclusion is added to Paragraph B., Exclusions:

We will not pay for loss or damage caused by or resulting from processing or work upon the property identified in the Schedule to this endorsement.

But if processing or work upon the property results in fire or explosion, we will pay for the loss or damage caused by the fire or explosion.

E. Limits of Insurance.

Paragraph C., Limits of Insurance, is modified as follows:

The Limits of Insurance shown in the Schedule of this endorsement are in addition to the Limits of Insurance applicable to Business Personal Property.

F. Property Loss Condition.

Paragraph E., Property Loss Conditions, sub-paragraph 6, Loss Payment, applies to coverage under this endorsement with the following modifications:

1. Scheduled Property. In the event of a total loss of any item listed in the Schedule of this endorsement, the value of such item as individually listed and described in the Schedule of this endorsement is the applicable Limit of Insurance for that item.
2. Pair, Sets or Parts
 - a. Pair or Set. In case of loss to any part of a pair or set we may:
 - (1) Repair or replace any part to restore the pair or set to its value before the loss; or
 - (2) Pay the difference between the value of the pair or set before and after the loss".
 - b. Parts. In case of loss to any part of Covered Property consisting of several parts when complete, we will only pay for the value of the lost or damaged part.

G. Optional Coverages

If shown as applicable in the Schedule of this endorsement, Paragraph G., Optional Coverages, is modified to add the following Optional Coverages to only apply to property covered under this endorsement. These coverages are subject to the terms and conditions applicable to property coverage in this policy, except as provided below.

1. EARTHQUAKE
 - a. Paragraph (1) of Exclusion B.1.b. Earth Movement does not apply to loss or damage caused directly or indirectly by Earthquake.
 - b. With respect to this Optional Coverage, we will not pay for loss or damage caused by or resulting from:
 - (1) Volcanic Eruption;
 - (2) Fire, explosion, landslide, mine subsidence, tidal wave, flood, mudslide or mudflow, even if attributable to an Earthquake;
 - (3) Any Earthquake that begins before the inception of this insurance.
 - c. For purposes of applying the Limit of Insurance and the Deductible, all Earthquake shocks that occur within any 168-hour period will constitute a single occurrence. The expiration of this policy will not reduce the 168-hour period. The Deductible otherwise applicable to this endorsement also applies to Earthquake unless a different Deductible for Earthquake is shown in the Schedule.

2. FLOOD

- a. Paragraph (1) of Exclusion B.1.g. Water does not apply to loss or damage caused directly or indirectly by flood, surface water, waves, tides, tidal waves, overflow of any body of water, or their spray, all whether driven by wind or not.
- b. The Deductible otherwise applicable to this endorsement also applies to Flood unless a different Deductible for Flood is shown in the Schedule.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BUSINESSOWNERS FINE ARTS COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

DESCRIPTION OF PROPERTY	LIMIT OF INSURANCE
-------------------------	--------------------

\$

TOTAL OF ALL COVERED PROPERTY

\$

DEDUCTIBLE: The Deductible in the Declarations applies unless a different Deductible is entered here:

\$

OPTIONAL COVERAGES:

Applicable only if an "X" is shown in the boxes below.

Breakage

Earth Movement

Flood

RATE \$

ADDITIONAL PREMIUM \$

SECTION I – PROPERTY is changed as follows:

A. Coverage

1. The following is added to Section A., Coverage, Sub-section 1, Covered Property:

Fine Art

We will pay for direct physical loss of or damage to Covered Property for which a Limit of Insurance is shown in the Schedule, caused by or resulting from any Covered Cause of Loss. Covered Property, as used in this endorsement, means:

- a. Your fine arts, and
 - b. Fine arts of others that are in your care, custody or control,
described in the Schedule of this endorsement.
2. The following is added to Section A., Coverage, Sub-section 2., Property Not Covered:
Covered Property does not include:
 - i. Property while on exhibition at fair grounds or on the premises of any national or international exposition; or
 - j. Contraband, or property in the course of illegal transportation or trade.

B. For the purposes of property covered by this endorsement, Section A., Coverage, Sub-section 4., Limitations, is modified as follows:

1. Limitation a.(3) does not apply to property that is covered under this endorsement.
2. The dollar amounts in Limitation c.(1) and c.(2) for loss or damage by theft for furs, fur garments and garments trimmed with fur; or jewelry, watches, watch movements, jewels, pearls, precious and semi-precious stones, bullion, gold, silver, platinum and other precious alloys or metals do not apply to individual items for which a Limit of Insurance is shown in the Schedule .

C. Section A., Coverage, Sub-section 6, Coverage Extensions is changed as follows:

1. Solely for the purposes of coverage provided by this endorsement, and notwithstanding any other endorsement to this policy, Personal Property at Newly Acquired Premises contained in the coverage form and any Newly Acquired or Constructed Property Coverage Extension provided by any endorsement is replaced by the following:

NEWLY ACQUIRED FINE ARTS

You may extend the insurance that applies to fine arts under this endorsement to apply to other objects of art that you acquire.

The most we will pay for loss of or damage to fine arts in any one occurrence under this Extension for newly acquired fine arts is the lesser of 25% of the total of the Limits of Insurance shown in the Schedule of this endorsement for all individually listed and described items, or \$10,000.

Insurance under this Extension for newly acquired fine arts will end when any of the following first occurs:

- a. This policy expires.
- b. 30 days expire after you acquire or begin to construct the property; or
- c. You report values to us.

We will charge you additional premium for values reported from the date you acquire the property.

2. Section A. Coverage, Subsection 6., Coverage Extensions, part b. Personal Property Off Premises Coverage Extension does not apply to loss or damage to fine arts covered under this endorsement.

D. EXCLUSIONS

1. Solely for the purpose of the coverage provided by this endorsement, Section B., Exclusions, does not apply to coverage under this endorsement except for paragraphs B.1.b. Earth Movement, B.1.c. Governmental Action, B.1.d. Nuclear Hazard, B.1.f. War and Military Action, B.1.g. Water; B.2.b. Consequential Losses, B.2.f. Dishonesty. B.2.g. False Pretenses, B.2.k. Neglect; and B.3.a. Weather Conditions, or any endorsed changes to such exclusions.
2. Solely for the purposes of this endorsement, the following Exclusions are added to Section B., Exclusions:

We will not pay for loss or damage caused by or resulting from:

- a. Any repairing, restoration or retouching of the Covered Property;
- b. Wear and tear, any quality in the property that causes it to damage or destroy itself, gradual deterioration;
- c. Nesting or infestation, or discharge or release of waste products or secretions, by insects, birds, rodents or other animals or organisms.

- E. The following is added to Section C., Limits of Insurance:

The Limits of Insurance shown in the Schedule of this endorsement are in addition to the Limits of Insurance applicable to Business Personal Property.

- F. Section E., Property Loss Conditions, paragraph 6., Loss Payment, applies to coverage under this endorsement with the following changes:

1. Scheduled Fine Arts. The value of each item of Covered Property that is individually listed and described in the Schedule of this endorsement is the applicable Limit of Insurance for the item(s) identified in the Schedule.
2. Unscheduled Fine Arts. Paragraph E.6.d.(3)(e) is replaced by the following:

(3) The following property at actual cash value:

- (e) Works of art, antiques or rare articles, including etchings, pictures, statuary, marbles, bronzes, porcelains and bric-a-brac that are not individually listed and described in the Schedule of this endorsement.

3. Pair, Sets or Parts
 - a. In case of total loss of any items that are part of a pair or set that is individually listed and described in the Schedule, we will pay the full Limit of Insurance shown in the Schedule for that pair or set. You will surrender to us the remaining items of the pair or set.
 - b. In case of loss to any part of a pair or set that is not individually listed and described in the Declarations, we may:
 - (1) Repair or replace any part to restore the pair or set to its value before the loss; or
 - (2) Pay the difference between the value of the pair or set before and after the loss.

G. The following ADDITIONAL CONDITION applies to this endorsement:

PACKING AND UNPACKING

You agree that Covered Property will be packed and unpacked by competent packers.

H. Section G., Optional Coverages, is modified for the purposes of this endorsement as follows:

If shown as applicable in the Schedule of this endorsement, the following Optional Coverages also apply to property covered under this endorsement. These coverages are subject to the terms and conditions applicable to property coverage in this policy, except as provided below.

1. **BREAKAGE**

Limitation A.4.b. does not apply to Covered Property that is individually listed and described in the Schedule.
2. **EARTH MOVEMENT**

Exclusion B.1.b. Earth Movement does not apply.
3. **FLOOD**

Exclusion B.1.g. Water does not apply.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

B. **EXCLUSIONS.** The following is added to Paragraph B., Exclusions:

4. Applicable to Printers Errors and Omissions Liability Coverage

This insurance does not apply to:

- a. **“Bodily injury,” “Personal and Advertising Injury”.** “Bodily injury,” “personal and advertising injury,” or any indirect or consequential injury resulting from any of the foregoing.
- b. **"Property damage."** "Property damage," but this exclusion does not apply to “property damage” to personal property of others while on the insured’s premises for the purpose of having operations performed on such property by or on behalf of the insured.
- c. **Dishonest or intentional injury.** “Damages” claimed for the following dishonest or intentional injury:
 - (1) For acts, errors, or omissions of a dishonest, fraudulent, criminal or malicious nature by the insured whether acting alone or in collusion with others;
 - (2) Because an insured gained a personal profit or advantage to which the insured was not legally entitled; or
 - (3) For acts, errors or omissions that resulted in injury expected or intended from the standpoint of the insured.
- d. **Unfair Competition and Theft of Intellectual Property.** Claims for injury arising out of the following:
 - (1) Unfair competition, price fixing, restraint of trade, unfair trade practice, or any other violation of antitrust law;
 - (2) Infringement of copyright, title, slogan, patent, trademark, trade dress, trade name, service mark, service name or other designation of origin or authenticity; or
 - (3) Theft or infringement of any other intellectual property.
- e. **Breach of Contract, Guarantee or Warranty.** Any breach of any contract, guarantee or express warranty including but not limited to
 - (1) Cost estimates or cost guarantees being exceeded.
 - (2) Any delay or default by or on behalf of the insured with respect to the performance of any contract or agreement.

Paragraph (2) does not apply if the default or delay is the result of a negligent act, error or omission in the performance of “printing services” by or for you.

- f. **Contractual Liability.** Liability of others assumed by any insured under a contract or agreement. This exclusion does not apply to liability for damages that the insured would have in the absence of the contract or agreement.
- g. **Games of Chance.** Liability or “damages” arising out of or in connection with printed material for lotteries, raffles or other games of chance.
- h. **Discrimination.** Liability resulting from discrimination or harassment on the basis of race, sex, age, disability, ethnic background, religious or sexual preference, or similar factor.
- i. **Bankruptcy, Insolvency or Services Not Performed.** A claim arising out of the following:
 - (1) The bankruptcy or insolvency of the insured or any other firm, person or organization; or
 - (2) An obligation to repay monies paid or allegedly paid to you for “printing services” not performed.
- j. **Employment Related Injuries.** Any claim arising out of the following:
 - (1) Any obligation of the insured under a workers compensation, disability benefits or unemployment compensation law or any similar law;
 - (2) An injury to an “employee” of the insured arising out of and in the course of employment by the insured or performing duties related to the conduct of the insured’s business;
 - (3) An “employment practice”; or
 - (4) “Damages” claimed by the spouse, child, parent, brother or sister of any person as a consequence of any of the above.

This exclusion applies:

- (1) Whether the insured may be liable as an employer or in any other capacity; and
 - (2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.
- k. **Pollution.** Injury or “damages” arising from:
 - (1) The actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of “pollutants” at any time.
 - (2) Any loss, cost or expense arising out of any:
 - (a) Request, demand or order that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of “pollutants”; or

- (b) Claim or “suit” by or on behalf of a governmental authority for “damages” because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of “pollutants.”
 - m. **Cost to Correct.** The cost to restore, repair, replace or reprint "your product" or "your work" or "impaired property" arising out of a defect, deficiency, or inadequacy in "your product" or "your work". But this exclusion does not apply to expense incurred for the recall of "your product" or "your work" or "impaired property" because of a known or suspected defect, deficiency, or inadequacy in it. This exclusion does not apply to “damages” if the negligent act, error or omission causing such “damages” arises out of “printing services” performed on your behalf.
 - n. **Injury to an insured.** “Damages” claimed by any insured or any "employee" of the insured, or their spouse, child, parent, brother or sister; or any obligation to share damages with or repay someone else who must pay damages to such person.
 - o. **Auto, aircraft, watercraft.** Damages arising out of the ownership, maintenance, use or entrustment to others of any aircraft, "auto", watercraft or mobile equipment owned or operated by or rented or loaned to any insured. Use includes operation and "loading or unloading".
 - p. **Other professional services.** Damages due to rendering or failure to render any professional service other than "printing services".
- C. **LIMITS OF INSURANCE.** The following is added to Paragraph D., Liability and Medical Expenses Limits of Insurance:
- 5. With respect to Printers Errors and Omissions Liability Coverage:
 - a. The Limits of Insurance shown in the Declarations are replaced by the Limits of Insurance shown in the Schedule of this endorsement.
 - b. The Each Occurrence Limit is the most we will pay for all “damages” arising from any one "occurrence", or because of all “damages” sustained by one individual or organization.
 - c. The most we will pay for all “damages” arising from all "occurrences" or offenses during the policy period is twice the Each Occurrence Limit.
 - d. Our obligation to pay “damages” on your behalf applies to the amount of “damages” in excess of the Each Occurrence Deductible set forth in the Schedule of this endorsement.
 - e. The terms of this endorsement, including those regarding our rights and duties to defend any claim or “suit” because of “damages”, and your duties in the event of a claim or “suit” apply irrespective of the deductible amount.

- f. We may pay any part or all of the deductible amount to effect settlement of any claim or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as has been paid by us.

D. **DEFINITIONS.** For coverage provided under this endorsement, Paragraph F., Liability and Medical Expenses Definitions is changed as follows:

1. "Printing services" means those activities which are usual to the mechanical or technical work of producing , reproducing, or distributing printed material or illustrations, but not including distribution of those materials or illustrations to others electronically.
2. The definition of "suit" includes a civil proceeding in which "damages" because of an "occurrence" to which this endorsement applies are alleged.
3. "Damages" means economic loss. Damages do not include exemplary or punitive damages, injunctive relief, the cost of compliance with injunctive relief, fines or penalties.
4. "Employment practice" means:
 - a. Refusal to employ any person;
 - b. Termination of any person's employment; or
 - c. Employment related practices including but not limited to policies, acts or omissions such as coercion, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation or discrimination directed at any person.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

UNINTENTIONAL ERRORS AND OMISSIONS

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following Condition is added to **SECTION III – COMMON POLICY CONDITIONS (APPLICABLE TO SECTION I – PROPERTY AND SECTION II – LIABILITY)**:

UNINTENTIONAL ERRORS AND OMISSIONS

Failure of the insured to disclose all hazards existing as of the inception or renewal dates of this policy, or errors or omissions in applications, declarations, schedules, endorsements or other documents shall not prejudice the insured with respect to the coverage afforded by this policy, as long as such failures, errors, or omissions are unintentional.

You must report to us any error or omission in the information you have given us as soon as practicable after the error is discovered. We have the right to collect any additional premium due based upon the corrected information.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED – CERTIFICATE HOLDER

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

Paragraph C, **Who Is An Insured** of Section II - **Liability** is changed to include as an insured any person or organization named as an additional insured on a certificate of insurance issued by us or our agent, but only to the extent of their liability arising out of your operations while providing service for the additional insured.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

Endorsement Serial No. SP 1 756 1003

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**BLANKET ADDITIONAL INSURED
(BY CONTRACT)**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

Section II – **LIABILITY** is changed as follows:

- A. Paragraph C – Who Is An Insured, is amended to include, as an additional insured, any person or organization you are required to add as an additional insured to this policy by a written contract or written agreement that:
1. is currently in effect or becomes effective during the term of this policy; and
 2. is executed prior to the “bodily injury,” “property damage,” or “personal and advertising injury.”
- B. The insurance provided to the additional insured by this endorsement applies as follows:
1. That person or organization is only an additional insured with respect to liability caused by your negligent acts or omissions at or from:
 - (a) premises you own, rent, lease, or occupy, or
 - (b) your ongoing operations performed for the additional insured at the job indicated by written contract or written agreement.
 2. The limits of insurance applicable to the additional insured are those specified in the written contract or written agreement or in the Declarations of this policy whichever are less. These limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.
- C. If the additional insured is an architect, engineer, or surveyor, the insurance provided to the additional insured does not apply to “bodily injury,” “property damage,” or “personal and advertising injury” caused by the rendering of or failure to render any professional services including:
1. the preparing, approving, or failing to prepare or approve maps, drawings, opinions, reports, surveys, change orders, designs or specifications; and
 2. supervisory, inspection, or engineering services.

Endorsement Serial No. SP 1 757 1003

Page 1 of 2

[Insert Company Name Here]

D. SECTION III – COMMON POLICY CONDITIONS, paragraph H., Other Insurance, is amended as follows:

The following is added to subparagraph 2:

Regardless of whether other insurance is available to an additional insured on a primary basis, this insurance will be primary and noncontributory if a written contract between you and the additional insured specifically requires that this insurance be primary.

E. Exclusion:

With respect to the insurance afforded these additional insureds by this endorsement, the following additional exclusion applies:

This insurance does not apply to:

1. “Bodily injury” or “property damage” occurring after:
 - (a) all work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
 - (b) that portion of “your work” out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations on or at the same project.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

Endorsement Serial No. SP 1 757 1003

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DAMAGE TO CUSTOMERS' PROPERTY

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Customers' Property Limit of Insurance \$

SECTION II – LIABILITY is changed as follows:

- A. Paragraph B., **Exclusions**, Sub-paragraph 1, **Applicable to Business Liability Coverage**, part k, sub-part (4) is amended to state as follows:
 - (4) Personal property in the care, custody or control of the insured, except for your customers' personal property in your care, custody or control for processing, repair, or storage.
- B. The most we will pay for loss or damage under this endorsement is the Customers' Property Limit of Insurance shown in the Schedule.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

Endorsement Serial No. SP 1 759 1003

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FOOD CONTAMINATION COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following is added to **SECTION I – PROPERTY**, Paragraph A., **Coverage**, Sub-paragraph 5., **Additional Coverages**:

Food Contamination

If food contamination is suspected or discovered at the described premises, we will pay for:

1. Loss due to destruction or confiscation of Covered Property, or
2. The actual loss of Business Income you sustain and necessary Extra Expense you incur if the described premises are closed,

by order of governmental authority, ordinance or law.

The most we will pay for any loss to Covered Property under this Additional Coverage is \$10,000.

The coverage for Business Income and Extra Expense will begin immediately after the time of that order and will apply for a period of up to thirty days after coverage begins. This Business Income and Extra Expense Coverage is not subject to the Limits of Insurance.

The definitions of Business Income and Extra Expense contained in **SECTION I – PROPERTY**, Paragraph A., **Coverages**, Sub-paragraph 5, **Additional Coverages**, parts f., **Business Income**, and g., **Extra Expense**, also apply to this Additional Coverage.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

Endorsement Serial No. SP 1 761 1003

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BAILEE'S CUSTOMERS PROPERTY COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

DESCRIPTION OF PROPERTY	LIMIT OF INSURANCE
	\$
TOTAL OF ALL COVERED PROPERTY	\$
DEDUCTIBLE: The Deductible in the Declarations applies unless a different Deductible is entered here:	\$
ADDITIONAL PREMIUM	\$

SECTION I - PROPERTY is changed as follows:

A. Coverage

Paragraphs A.1. and A.2. are replaced by the following:

We will pay for direct physical loss of or damage to Covered Property caused by or resulting from any Covered Cause of Loss.

1. Covered Property means customers' property described in the Schedule, in your care, custody or control at the described premises or in transit for processing or storage, without regard to your legal liability. Processing includes service, repair, cleaning, dry cleaning, laundering, altering, dyeing, upholstering, copying or photocopying, restoring, retouching, or other similar work upon the customers' property.
2. Property Not Covered

Covered Property does not include contraband, or property in the course of illegal transportation or trade.

B. Paragraph A.4. Limitations applies with the following exception:

The dollar amounts in Limitation c. for loss or damage by theft for furs, fur garments and garments trimmed with fur; jewelry, watches, watch movements, jewels, pearls, precious and semi-precious stones, bullion, gold, silver, platinum and other precious alloys or metals; or patterns, dies, molds and forms do not apply to any of those categories of property for which a Limit of Insurance is shown in the Schedule.

C. No Additional Coverages or Coverage Extensions providing coverage for property of others applies to customers' property covered under this endorsement.

D. The Exclusions in Section I - **Property**, Paragraph B. apply to coverage under this endorsement, with the following changes:

1. **Marring Or Scratching**, Exclusion B.2.1.(7)(c) regarding marring or scratching does not apply to sudden and accidental marring or scratching of customers' property covered under this endorsement.
2. The following Exclusion is added:

We will not pay for loss or damage caused by or resulting from processing or work upon the property. But if processing or work upon the property results in fire or explosion, we will pay for the loss or damage caused by the fire or explosion.

E. The following is added to Paragraph C. Limits Of Insurance:

The **Limits of Insurance** shown in the Schedule are in addition to the Limits of Insurance applicable to Business Personal Property.

- F. With respect to property covered under this endorsement, Paragraph E. **Property Loss Condition** is changed as follows:

Paragraph E.6.d.(3)(b) does not apply. We will determine the value of Covered Property at replacement cost (without deduction for depreciation), subject to the following:

1. Customers' Artwork

Customers' artwork in your care, custody or control for use in your printing or copying work for them will be valued as follows:

- a. If the artwork has market value, at market value; or
- b. If the artwork has no market value, at the full cost of repair or replacement if repaired or replaced within three years. We will not pay for loss or damage to such artwork if it is not repaired or replaced within three years.

2. Pair, Sets or Parts

In case of loss to any part of a pair or set we may:

- a. Repair or replace any part to restore the pair or set to its value before the loss; or
- b. Pay the difference between the value of the pair or set before and after the loss.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CUSTOMERS' ARTWORK

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

Section I - **Property** is changed as follows:

A. Paragraph A – Coverage, sub-paragraph 6 – **Coverage Extensions** is amended to add:

g. **Customers' Artwork**

We will pay for direct physical loss or damage caused by or resulting from any Covered Cause of Loss to customers' artwork in your care, custody or control for use in your printing or copying work for them, without regard to your legal liability.

The most we will pay under this Additional Coverage is \$25,000. The amount payable under this Additional Coverage is included within the Limit of Insurance applicable to Business Personal Property at the premises where the loss occurs.

B. Paragraph B., **Exclusions** is changed as follows:

MARRING OR SCRATCHING. Exclusion B.2.1.(7)(c) regarding marring or scratching does not apply to sudden and accidental marring or scratching of negatives or printing plates.

C. The following is added to Paragraph E, **Property Loss Conditions**, sub-paragraph 6., **Loss Payment**:

Customers' artwork in your care, custody or control for use in your printing or copying work for them will be valued as follows:

- a. If the artwork has market value, at market value; or
- b. If the artwork has no market value, at the full cost of repair or replacement if repaired or replaced within three years. We will not pay for loss or damage to such artwork if it is not repaired or replaced within three years.

No other provisions for determining the value of property of others applies to such customers' artwork.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

Endorsement Serial No. SP 1 763 1003

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - ATHLETIC OR SPORTS PARTICIPANTS

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Description of Operations:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

With respect to any operations shown in the Schedule, the following exclusion is added to Paragraph B. **Exclusions** of Section II – **Liability**:

This insurance does not apply to "bodily injury" to any person while practicing for or participating in any sports or athletic contest or exhibition that you sponsor.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

Endorsement Serial No. SP 1 764 1003

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EMPLOYEES' TOOLS COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

EMPLOYEES' TOOLS LIMITS OF INSURANCE

\$	Per Occurrence
\$	Per Employee
\$	Per Tool

ADDITIONAL PREMIUM \$

Section I – **PROPERTY** is changed as follows:

A. Coverage

1. Paragraph A, Coverage, Sub-paragraph 1, Covered Property, part b., Business Personal Property is modified by adding the following:

Your Employees' Tools which are used in connection with your operations.

2. Paragraph A., Coverage, Sub-paragraph 2., Property Not Covered is modified by adding the following:

- a. Property while in caissons or underwater, or while being used in underground mining, tunneling or similar operations;
- b. Property your employee has loaned, rented or leased to others; or
- c. Property that is or will become a permanent part of any building or structure.

3. Covered Causes Of Loss

Paragraph A, Coverage, Sub-paragraph 3, Covered Causes of Loss is deleted and replaced with the following:

Risks Of Direct Physical Loss, unless the loss is:

- a. Excluded in Paragraph B., Exclusions;

- b. Limited in Paragraph A.4. Limitations; or
 - c. Excluded in Paragraph B. of this Employees' Tools Coverage Endorsement.
4. Coverage Extensions.

In sub-paragraph 6., Coverage Extensions, part b., Personal Property Off Premises, and part d., Personal Effects, do not apply to Employees Tools coverage provided by this endorsement.

B. Exclusions

Paragraph B., Exclusions, is modified as follows, solely in respects to coverage provided by this endorsement:

1. Sub-part (1) of Exclusion b., Earth Movement, does not apply to loss or damage caused directly or indirectly by earthquake.
2. Exclusion g., Water, does not apply to loss or damage caused directly or indirectly by flood, surface water, waves, tides, tidal waves, overflow of any body of water, or their spray, all whether driven by wind or not.
3. The following exclusions are added to Paragraph B.2. :

We will not pay for loss or damage caused by or resulting from:

- a. Your employee's neglect to use all reasonable means to save and preserve Covered Property from impending loss or damage during and after the occurrence of loss.
- b. Theft of Covered Property from any unattended vehicle, unless at the time of theft its windows, doors and compartments were closed and locked, and there are visible signs that the theft was a result of forced entry. But this exclusion does not apply to property in the custody of a carrier for hire.

C. Limits Of Insurance

The following is added to Paragraph C., Limits of Insurance:

The most we will pay for loss of or damage to all tools owned by all employees in any one occurrence is the Per Occurrence Limit of Insurance shown in the Schedule of this endorsement. Subject to the Per Occurrence limit, the most we will pay for:

1. All tools owned by any one employee is the Per Employee Limit; and
2. Any one tool is the Per Tool Limit.

D. Property Loss Conditions.

Sub-part 6.d.(3)(b) of the paragraph E., Property Loss Conditions, sub-paragraph 6., Loss Payment does not apply to Employees' Tools covered under this endorsement.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**EMPLOYEE DISHONESTY COVERAGE -
EXCLUSION OF DESIGNATED PERSONS OR CLASSES OF PERSONS**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM
BUSINESSOWNERS EXTRA COVERAGE ENDORSEMENT

SCHEDULE

Persons or Classes of Persons:

SECTION I – PROPERTY is changed as follows:

The Employee Dishonesty Coverage in Paragraph G, Optional Coverages is not applicable to any employee of yours. The Employee Dishonesty Coverage provided by Paragraph B., Additional Coverages, and, if applicable, paragraph j., Employee Dishonesty, and k. ERISA – Employee Dishonesty Coverage of the Businessowners Extra Coverage Endorsement do not apply to dishonest acts committed by any person or classes of persons shown in the Schedule of this endorsement.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

Endorsement Serial No. SP 1 812 1003

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FELLOW EMPLOYEE COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

Paragraph C. **Who Is An Insured** of Section II - **Liability** is changed as follows:

Under C.2.a.(1), the exceptions in parts (a) and (b) for "bodily injury" or "personal and advertising injury" to you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), to a co-"employee", or to your other "volunteer workers", or to the spouse, child, parent, brother or sister of that co-"employee", apply only to "personal and advertising injury".

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

Endorsement Serial No. SP 1 813 1003

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FRATERNAL ORGANIZATION ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE OF COVERED PROPERTY

Described Property	Limit of Insurance		
	Standard limit	or	Increased Limit
1. Organizational Paraphernalia including Flags, Banners, and Uniforms	\$ 10,000	or	\$ _____
2. Lawn and Grounds Maintenance Equipment	\$ 10,000	or	\$ _____
3. Wheelchairs, Walkers, Crutches and Special Hospital-type Beds	\$ 5,000	or	\$ _____
4. Permanently-installed Flagpoles at Your "Premises"	\$ 5,000	or	\$ _____
5. Building Materials	\$ 5,000	or	\$ _____

For each Described Property above the Standard Limit applies, unless a higher value is shown under Increased Limit.

DEDUCTIBLE: The Deductible in the Declarations applies unless a different Deductible is entered here: \$ _____

ADDITIONAL PREMIUM \$ _____

I. Section I – PROPERTY is changed as follows:

A. Coverage

The following is added to Paragraph A, **Coverage**, Sub-paragraph 1., **Covered Property**:

We will pay for direct physical loss of or damage to Covered Property for which a Limit of Insurance is shown in the Schedule, caused by or resulting from any Covered Cause of Loss. For the coverage provided by this endorsement, the following applies:

1. Covered Property means your property described in the Schedule, and similar property of others that is in your care, custody or control.

2. Property Not Covered

Covered Property does not include contraband, or property in the course of illegal transportation or trade.

B. Limitations

Under Paragraph A., **Coverage**, Sub-paragraph 4., **Limitations**, part a., only Limitation a.(4) applies to property covered under this endorsement.

C. Personal Property Off Premises

Paragraph A., **Coverage**, Sub-paragraph 6., **Coverage Extensions**, part b., **Personal Property Off Premises** does not apply to loss or damage to property covered under this endorsement.

D. Building Materials Coverage Extension

The following is added to Paragraph A., **Coverage**, Sub-paragraph 6., **Coverage Extensions**:

BUILDING MATERIALS

If you are a tenant and no Limit of Insurance is shown in the Declarations for Building property, you may extend the insurance that applies to Business Personal Property to apply to materials, equipment and supplies, including temporary structures on the construction site, used for making additions, alterations or repairs to your building, or for constructing a new building; and including, if not covered by other insurance, builders' machinery, tools and equipment you own or that are entrusted to you.

This Extension applies only while the materials, equipment and supplies are at the construction site. If any other coverage provided by this policy also covers loss or damage to property covered under this Extension, this coverage is excess.

The most we will pay for loss or damage under this Extension is the Limit of Insurance for Building Materials shown in the Schedule.

E. Exclusions

1. Only the following exclusions in Paragraph B., **Exclusions**, apply to property covered under this endorsement:

- a. **B.1.c. Governmental Action, B.1.d. Nuclear Hazard, and B.1.f. War and Military Action;**
- b. **B.2.a. Electrical Apparatus, B.2.b. Consequential Losses, B.2.f. Dishonesty, B.2.g. False Pretenses, B.2.i. Collapse; and B.2.k. Other Types of Loss except (7)(c) marring or scratching; and**
- c. **B.3.a. Weather Conditions, B.3.b. Acts or Decisions and B.3.c. Negligent Work.**

2. The following additional exclusion is added to Paragraph B., **Exclusions**, but applies only to coverage under this endorsement:

We will not pay for loss or damage caused by or resulting from:

- a. Processing or work upon the property.
But if processing or work upon the property results in fire or explosion, we will pay for the loss or damage caused by the fire or explosion.
- b. Wind damage to flags and banners.

F. Limits of Insurance

The following is added to Paragraph C., **Limits of Insurance**:

The Limits of Insurance shown in the Schedule of this endorsement are in addition to the Limits of Insurance applicable to Business Personal Property.

G. Coverage for Money and Securities in the Custody of Designated Officers

For purposes of the Money and Securities Optional Coverage provided by Section **I – Property**, Paragraph **G.**, **Optional Coverages**, your officers will be considered employees, whether or not they are compensated.

H. Employee Dishonesty Coverage for Designated Officers

For purposes of the Employee Dishonesty Coverage provided by Section **I – Property**, Paragraph **G.**, **Optional Coverages**, your officers will be considered employees whether or not they are compensated.

II. SECTION II – LIABILITY is changed as follows:

A The following exclusions are added to Paragraph B. **Exclusions** of Section II - **Liability**

a. Athletic or Sports Participants

This insurance does not apply to “bodily injury” to any person while practicing for or participating in any sports or athletic contest or exhibition that you sponsor.

b. Fireworks

This insurance does not apply to “bodily injury” “property damage” or “personal and advertising injury” arising out of:

a. Operations at any location used for fireworks displays or shows or the sale and/or distribution of fireworks.

b. The “products-completed operations hazard” arising from those operations.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - CLUB MEMBERS
(including Medical Expenses)**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SECTION II – LIABILITY Is changed as follows:

1. Paragraph C, **Who Is An Insured** is changed to include as an insured any of your members, but only with respect to their liability for your activities or activities they perform on your behalf.
2. Paragraph B, Exclusions, sub-paragraph 2.a. of **Exclusions Applicable To Medical Expenses Coverage** is replaced by the following:

We will not pay expenses for "bodily injury":

- a. To any insured, except your "volunteer workers" or club members.
3. For the purposes of this endorsement, if you are a fraternal or not for profit social organization, the term "member" means an individual who had joined the organization, as evidenced by organization membership roles, payment of dues, or other indicator of membership in the organization.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

Endorsement Serial No. SP 1 816 1003

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - CLUB MEMBERS

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SECTION II – LIABILITY is changed as follows:

Paragraph C, **Who Is An Insured** is changed to include as an insured any of your members, but only with respect to their liability for your activities or activities they perform on your behalf.

For the purposes of this endorsement, if you are a fraternal or not for profit social organization, the term “member” means an individual who had joined the organization, as evidenced by organization membership roles, payment of dues, or other indicator of membership in the organization.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

Endorsement Serial No. SP 1 817 1003

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL LIMIT OF EMPLOYEE DISHONESTY COVERAGE
FOR DESIGNATED EMPLOYEES OR POSITIONS**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Additional Limit of Insurance - Each Employee:

Names of Employees:

Titles and Locations of Covered Positions
and No. of Employees in Each Position:

Section I – **PROPERTY**, Paragraph G. **Optional Coverages**, subparagraph 3. Employee Dishonesty is changed as follows:

1. The Additional Limit of Insurance shown in the Schedule applies to each employee who is named or who holds a position shown in the Schedule opposite that limit.
2. The Additional Limit of Insurance applies only to that part of any covered loss that is excess of an amount equal to the Limit of Insurance for Employee Dishonesty shown in the Declarations plus any applicable Deductible Amount.
3. The Additional Limit of Insurance applies only to loss caused by an identified employee.

Endorsement No: SP 1 818 1003

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4. If the Additional Limit of Insurance is scheduled on a position basis, the most we will pay for an employee holding more than one position is the largest Additional Limit of Insurance in effect and applicable to any one of those positions at the time of loss.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

Endorsement Serial No. SP 1 818 1003

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[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL PROPERTY NOT COVERED

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SECTION I – PROPERTY is changed as follows:

The property described in the Schedule below is withdrawn from paragraph A.1 COVERED PROPERTY and added to paragraph A.2. PROPERTY NOT COVERED.

SCHEDULE

Prem. No.	Bldg. No.	Description of Property
--------------	--------------	-------------------------

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

Endorsement Serial No. SP 1 819 1003

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**COVERAGE FOR MONEY AND SECURITIES
IN THE CUSTODY OF DESIGNATED OFFICERS**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Names or Titles of Officers:

For purposes of the Money and Securities Optional Coverage provided by Section I - **Property**, Paragraph G – **Optional Coverages**, your officers shown in the Schedule will be considered employees, whether or not they are compensated.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

Endorsement Serial No. SP 1 820 1003

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**COVERAGE FOR MONEY AND SECURITIES
IN THE CUSTODY OF VOLUNTEER WORKERS**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

For purposes of the Money and Securities Optional Coverage provided by Section I - **Property**, Paragraph G – **Optional Coverages**, any volunteer worker for you will be considered an employee, but only while acting within the scope of their duties for you or performing services on your behalf, including while acting as a fund solicitor during fund raising campaigns.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

Endorsement Serial No. SP 1 821 1003

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EMPLOYEE DISHONESTY COVERAGE FOR DESIGNATED OFFICERS

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM
BUSINESSOWNERS EXTRA COVERAGE ENDORSEMENT

SCHEDULE

Names or Titles of Officers:

SECTION I – PROPERTY is changed as follows:

For purposes of the Employee Dishonesty Coverage provided by paragraph B., Additional Coverages, and, if applicable, paragraph j., Employee Dishonesty, of the Businessowners Extra Coverage Endorsement, your officers shown in the Schedule will be considered employees, whether or not they are compensated.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

Endorsement Serial No. SP 1 822 1003

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EMPLOYEE DISHONESTY COVERAGE FOR VOLUNTEER WORKERS

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM
BUSINESSOWNERS EXTRA COVERAGE FORM

SECTION I – PROPERTY is changed as follows:

For the purposes of the Employee Dishonesty Coverage provided by Paragraph B., Additional Coverages, and, if applicable, paragraph j, Employee Dishonesty, of the Businessowners Extra Coverage Endorsement any volunteer worker for you will be considered an employee, but only while acting within the scope of their duties for you or performing services on your behalf, including while acting as a fund solicitor during fund raising campaigns.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

Endorsement Serial No. SP 1 823 1003

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - COUNSELING SERVICES

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following exclusion is added to Paragraph B. **Exclusions, 1. Applicable to Business Liability Coverage** of Section II - **Liability**:

Counseling Services

This insurance does not apply to "bodily injury", "property damage", or "personal and advertising injury" arising out of advisory services or counseling with respect to such things as mental, emotional or psychological health, crisis prevention, religion or spirituality, social or family services, drug and alcohol rehabilitation, or similar subjects.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

Endorsement Serial No. SP 1 824 1003

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION - DESCRIBED HAZARDS (CARNIVALS, CIRCUSES AND FAIRS)

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following exclusion is added to Paragraph B. **Exclusions** in Section II - **Liability**:

With respect to the operations of any carnival, circus, or fair, this insurance does not apply to:

1. "Bodily injury" or "property damage" arising out of any mechanically operated amusement device;
or
2. "Bodily injury" to any person while practicing for or participating in any sports or athletic contest or exhibition that you sponsor.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

Endorsement Serial No. SP 1 825 1003

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - GRANTOR OF FRANCHISE

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Name of Person or Organization:

The following is added to Paragraph C. **Who Is An Insured** in Section II – **Liability**:

The person or organization shown in the Schedule is also an insured, but only with respect to their liability as grantor of a franchise to you.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

Endorsement Serial No. SP 1 901 1003

[Insert Company Name Here]

**BUSINESSOWNERS POLICY
DECLARATIONS**

Issue Dated:

Producer

Policy No.:

Renewal of:

Item 1: Named Insured & Address:

**Item 2: Policy Period: from _____ to _____ at 12:01 A.M* standard time at the address
(Inception date) (Expiration date) of the insured stated above.**

Description of Business:

Item 3: Coverage Forms that form a part of this policy:

This policy consists of the following Coverage Forms. The premium shown below may be subject to adjustment.

Coverage Forms/Policies

Premium

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Countersigned _____ by _____
Date Authorized Representative

**BUSINESSOWNERS POLICY
DECLARATIONS**

SCHEDULE - NAMED INSURED

Issue Dated:

Policy No.:

Effective Date:

**BUSINESSOWNERS POLICY
DECLARATIONS**

SCHEDULE OF TAXES, SURCHARGES AND FEES

Issue Dated:

Policy No.:

Effective Date:

The following taxes, surcharges or fees are payable in addition to the premium shown on the Declarations:

**BUSINESSOWNERS POLICY
DECLARATIONS**

Issue Dated: _____

Policy No.: _____ **Effective Date:** _____

SECTION 1 - PROPERTY COVERAGES AND LIMITS OF INSURANCE

Locations Property Deductible: Optional Coverages/Glass Deductible: Wind/Hail Percentage Deductible:

LOCATION: **BUILDING:** **CONSTRUCTION:**
ADDRESS:

Mandatory Coverages:

**BUSINESSOWNERS POLICY
DECLARATIONS**

Issue Dated:

Policy No.:

Effective Date:

SECTION II - LIABILITY COVERAGES AND LIMITS OF INSURANCE

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II - Liability in the Businessowners Coverage Form and any attached endorsements.

<u>Coverage</u>	<u>Limits of Insurance</u>
Each Occurrence	\$
General Aggregate (Other than Products/Completed Operations)	\$
Products/Completed Operations Aggregate	\$
Medical Expenses (Per Person)	\$

**BUSINESSOWNERS POLICY
DECLARATIONS**

Issue Dated:

Policy No.:

Effective Date:

Classification

Class Code

Rate

Location Number:

Building Number:

**BUSINESSOWNERS POLICY
DECLARATIONS**

Issue Dated:

Policy No.:

Effective Date:

POLICYWIDE COVERAGES AND LIMITS OF INSURANCE

**BUSINESSOWNERS POLICY
DECLARATIONS**

SCHEDULE – ADDITIONAL INTERESTS

Issue Dated:

Policy No.:

Effective Date:

The following are covered as described in the applicable additional interest endorsement listed below:

Location: Building:

[Insert Company Name Here]

Policy Number

**THIS ENDORSEMENT CHANGES THE POLICY
PLEASE READ IT CAREFULLY
COMMON POLICY CHANGE ENDORSEMENT**

Endorsement No.

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Commercial Property
- Commercial General Liability
- Commercial Crime
- Commercial Inland Marine
-
-

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure Insurance |

Is (are) changed to read **(See Additional Page(s))**

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges

<input type="checkbox"/> No	<input type="checkbox"/> To be Adjusted at	Additional	Return
-----------------------------	--	------------	--------

Tax and Surcharge Changes

Countersigned By:

AUTHORIZED AGENT

[Insert Company Name Here]

Policy Number

COMMON POLICY CHANGE ENDORSEMENT

Endorsement No.

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

POLICY CHANGE ENDORSEMENT DESCRIPTION (CONT'D)

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the coverage part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

[Insert Company Name Here]

Policy Number

SCHEDULE OF FORMS AND ENDORSEMENTS

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

[Insert Company Name Here]

Policy Number

SCHEDULE OF LOCATIONS

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, Zip Code)	Occupancy

[Insert Company Name Here]

Policy Number

SCHEDULE OF TAXES, SURCHARGES OR FEES

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

[Insert Company Name Here]

Policy Number

SCHEDULE OF NAMED INSURED(S)

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

[Insert Company Name Here]

Policy Number

SCHEDULE OF TAXES, SURCHARGES OR FEES CHANGES

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

[Insert Company Name Here]

Policy Number

SCHEDULE OF LOCATIONS CHANGES

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, Zip Code)	Occupancy

[Insert Company Name Here]

Policy Number

INSTALLMENT SCHEDULE

Named Insured

Effective Date:
12:01 A.M., Standard Time

Agent Name

Agent No.

DUE

PREMIUM

SURCHARGE

**REVISED
INSTALLMENT TOTAL**

Failure to pay the Installment Premium by the Date Due shown shall constitute non-payment of premium for which we may cancel this policy.

[Insert Company Name Here]

Policy Number:	
BUSINESSOWNERS POLICY DECLARATIONS	
Named Insured:	Effective Date: 12:01 A.M. Standard Time
Agent Name:	Agent No.:
DESCRIBED PREMISES: See Schedule of Locations	
MORTGAGE HOLDER NAME AND ADDRESS: See Schedule of Mortgagees	
BLANKET INSURANCE:	
Blanket #	Type of Property Limit of Insurance
Coverage is applicable only if an "X" is shown in the boxes below and/or a limit of insurance is shown.	
POLICY COVERAGES: Limit of Insurance	
<input type="checkbox"/>	Employee Dishonesty Per occurrence
Except for Fire Legal Liability, each paid claim for the following liability coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4 of the Businessowners Liability Coverage Form or Section II-Liability in the Businessowners Coverage Form and any attached endorsements.	
Limits of Insurance	
Liability and Medical Expenses / General Aggregate /	
Medical Expenses	Per person
Products/Completed Operations / Aggregate	
Fire Legal Liability	Any one fire or explosion
Tenants Liability	
Loc. No.	Bldg. No. Blanket #, if applicable Limits of Insurance
	Building Actual Cash Value - Building Option (Y/N) Automatic Increase - Building Limit % Business Personal Property
DEDUCTIBLES:	
Base Property Ded:	Glass Ded:
Optional Coverage Ded:	Property Damage Liab Ded: Earthquake %
OPTIONAL COVERAGES: Limits of Insurance	
<input type="checkbox"/>	Outdoor Signs Per occurrence
<input type="checkbox"/>	Burglary and Robbery Inside the Premises (Named Perils or Standard Form only) Outside the Premises
<input type="checkbox"/>	Money and Securities Inside the Premises Outside the Premises
<input type="checkbox"/>	Coverage Extensions - Optional Higher Limits Accounts Receivable Valuable Papers and Records Newly-Acquired or Constructed Property

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD

<input type="checkbox"/>	Additional Coverages - Optional Higher Limits Forgery and Alteration Business Income From Dependent Properties Business Income - Extended Number of Days for Ordinary Payroll Expenses Extended Business Income - Extended Number of Days		Extended No. of Days Extended No. of Days
<input type="checkbox"/>	Tenant's Exterior Building Glass Basement / ground floor level Above ground floors	Included	
<input type="checkbox"/>	Interior Glass Basement / ground floor level Above ground floors	Included	
<input type="checkbox"/>	Mechanical Breakdown	Included	
<input type="checkbox"/>	Other (specify)		
LIABILITY AND MEDICAL PAYMENTS			
Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4 of the Businessowners Liability Coverage Form or Section II - Liability in the Businessowners Coverage Form and any attached endorsements.			
Limits of Insurance			
Tenants Fire Liability (In Excess of \$50,000)			
Self-storage Facilities			
	Customer Goods Legal Liability		Per occurrence
	Sale and Disposal Liability		
Motels			
	Liability For Guests' Property (Subject to Base Property Deductible)		Per guest
			Per occurrence
	Liability For Guests' Property In Safe Deposit Boxes		Per occurrence
FORMS AND ENDORSEMENTS: See Schedule of Forms and Endorsements			
PREMIUM: Premium for this Businessowners Policy			

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD

[Insert Company Name Here]

Policy Number				
Endorsement No.				
SCHEDULE OF BUSINESSOWNERS POLICY CHANGES				
Named Insured	Effective Date: 12:01 A.M. Standard Time			
Agent Name	Agent No.			
PROPERTY INFORMATION AFFECTED BY THIS CHANGE IS ADDED, DELETED OR CHANGED AS INDICATED.				
THE FOLLOWING PROPERTY INFORMATION IS				
Loc. No.	Bldg. No.	Coverage	Blanket #, if applicable	Limits of Insurance
		Building Actual Cash Value - Building Option (Y/N) Automatic Increase - Building Limit % Business Personal Property		
DEDUCTIBLES:				
Base Property Ded:		Glass Ded:		
Optional Coverage Ded:		Property Damage Liab		Earthquake %
OPTIONAL COVERAGES:			Limits of Insurance	
<input type="checkbox"/>	Outdoor Signs			Per occurrence
<input type="checkbox"/>	Burglary and Robbery (Named Perils or Standard Form only)			Inside the Premises: Outside the Premises
<input type="checkbox"/>	Money and Securities			Inside the Premises: Outside the Premises
<input type="checkbox"/>	Coverage Extensions - Optional Higher Limits Accounts Receivable Valuable Papers and Records Newly-Acquired or Constructed Property			
<input type="checkbox"/>	Additional Coverages - Optional Higher Limits Forgery and Alteration Business Income from Dependent Properties Business Income - Extended Number of Days for Ordinary Payroll Expenses Extended Business Income - Extended Number of Days			Extended No. of Days Extended No. of Days
<input type="checkbox"/>	Tenant's Exterior Building Glass Basement / Ground-Floor Level Above-Ground Floors		Included	
<input type="checkbox"/>	Interior Glass Basement / Ground-Floor Level Above-Ground Floors		Included	
<input type="checkbox"/>	Mechanical Breakdown		Included	
<input type="checkbox"/>	Other (specify)			
LIABILITY AND MEDICAL PAYMENTS				
Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Paragraph D.4. of the Businessowners Liability Coverage Form, or Section II - Liability in the Businessowners Coverage Form and any attached endorsements.				
			Limits of Insurance	
Tenants Fire Liability (in excess of \$50,000)				
Self-Storage Facilities Customer Goods Legal Liability Sale and Disposal Liability				Per occurrence
Motels Liability for Guests' Property (Subject to Base Property Deductible)				Per Guest Per Occurrence
Liability for Guests' Property in Safe Deposit Boxes				Per Occurrence

[Insert Company Name Here]

		Policy Number
SCHEDULE OF LOSS PAYEE(S)		
Named Insured		Effective Date: 12:01 A.M. Standard Time
Agent Name		Agent No.
Loc. No.	Bldg. No.	Loss Payee and Mailing Address

[Insert Company Name Here]

		Policy Number
SCHEDULE OF MORTGAGE HOLDER(S)		
Named Insured		Effective Date: 12:01 A.M. Standard Time
Agent Name		Agent No.
Loc. No.	Bldg. No.	Loss Payee and Mailing Address

[Insert Company Name Here]

Policy Number

**THIS ENDORSEMENT CHANGES THE POLICY
PLEASE READ IT CAREFULLY**

CANCELLATION ENDORSEMENT

Endorsement No.

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Commercial Property
- Commercial General Liability
- Commercial Crime
- Commercial Inland Marine
-
-

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges

<input type="checkbox"/> No	<input type="checkbox"/> To be Adjusted at	Additional	Return
-----------------------------	--	------------	--------

Tax and Surcharge Changes

Countersigned By:

AUTHORIZED AGENT

[Insert Company Name Here]

Policy Number

**THIS ENDORSEMENT CHANGES THE POLICY
PLEASE READ IT CAREFULLY**

REINSTATEMENT ENDORSEMENT

Endorsement No.

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

Reinstatement must be effective on the date of cancellation.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Commercial Property
- Commercial General Liability
- Commercial Crime
- Commercial Inland Marine
-
-

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure Insurance |

Is (are) changed to read **(See Additional Page(s))**

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges

<input type="checkbox"/> No	<input type="checkbox"/> To be Adjusted at	Additional	Return
-----------------------------	--	------------	--------

Tax and Surcharge Changes

Countersigned By:

AUTHORIZED AGENT

[Insert Company Name Here]

Policy Number

Endorsement No.

SCHEDULE OF BUSINESSOWNERS POLICY OPTIONAL COVERAGE CHANGES

Named Insured

Effective Date:

12:01 A.M. Standard Time

Agent Name

Agent No.

Cov. is	Loc. No.	Bldg. No.	Coverage Description	Limit of Insurance

[Insert Company Name Here]

Policy Number

BUSINESSOWNERS OPTIONAL COVERAGE SCHEDULE

Named Insured

Effective Date:

12:01 A.M. Standard Time

Agent Name

Agent No.

OPTIONAL COVERAGES - 9. OTHER

Loc. No.	Bldg. No.	Coverage	Limit of Insurance

[Insert Company Name Here]

Policy Number:

Effective Date of Endorsement:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Lead Contamination Exclusion

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM
BUSINESSOWNERS COVERAGE FORM

This endorsement excludes "occurrences" which result in:

- a. "Bodily injury" arising out of the ingestion, inhalation or absorption of lead in any form;
- b. "Property damage" arising from any form of lead;
- c. "Personal and advertising injury" arising from any form of lead;
- d. Medical expenses arising from any form of lead;
- e. Any loss, cost or expense arising out of any request, demand or order that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to or assess the effects of lead; or
- f. Any loss, cost or expense arising out of any claim or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to or assessing the effects of lead.

All other terms and conditions of this policy remain unchanged.

[Insert Company Name Here]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ABSOLUTE ASBESTOS EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM
SPECIAL PROTECTIVE AND HIGHWAY LIABILITY POLICY
RAILROAD PROTECTIVE LIABILITY COVERAGE FORM
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM
BUSINESSOWNERS LIABILITY COVERAGE FORM

It is hereby understood and agreed that:

This policy does not apply to and does not cover any actual or alleged injury, damage, payment, liability, loss, cost or expense of any kind directly or indirectly arising out of, resulting from or otherwise relating in whole or in part to asbestos, in any form or quantity, including without limitation, any:

- (a) cost or expense relating to investigation and/or defense of any loss, claim, suit or other proceeding;
- (b) cost or expense relating to request, demand or order that any insured or others test for, monitor, remediate, clean up, remove, contain treat, detoxify neutralize or in any way respond to or assess the presence of or the effects of asbestos; and/or
- (c) any fine, penalty or assessment.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

**AMENDMENT - AGGREGATE LIMITS OF INSURANCE ENDORSEMENT
(PER LOCATION)**

This endorsement changes the policy. Please read it carefully.

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SECTION II – LIABILITY is changed as follows:

The following is added to Paragraph D. LIABILITY AND MEDICAL EXPENSES LIMITS OF INSURANCE, sub-paragraph 4. Aggregate Limits, part b.:

This limitation applies separately to each of your "locations" owned by or rented to you.

"Location" means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

[Insert Company Name Here]

In Witness Whereof, the issuing Company has caused this policy to be signed officially below.

EMPLOYERS REINSURANCE CORPORATION

Facsimile signature to be inserted

Facsimile signature to be inserted

President

Secretary

SERFF Tracking Number: ERCA-125251195 State: Arkansas
First Filing Company: Employers Reinsurance Corporation, ... State Tracking Number: AR-PC-07-025905
Company Tracking Number: 9-BOP-AR-07-02688A-1-F
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners Tier Form Filing - 07-02688a
Project Name/Number: Businessowners Tier Form Filing - 07-02688a/9-BOP-AR-07-02688a-1-F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 09/12/2007

Comments:

Attachments:

AR RFFS.pdf

AR UTD.pdf

Satisfied -Name: Forms Summary **Review Status:** Approved 09/12/2007

Comments:

Attachment:

AR Forms Summary.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.)

1.	This filing transmittal is part of Company Tracking #	9-BOP-AR-07-02688a-1-F			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	9-BOP-AR-07-02688-1-R			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Exclusion – Designated Professional Services	SP 000 583 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Earth Movement Endorsement	SP 001 052 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Businessowners Extra Coverage	SP 1 749 1005	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
04	Increased Limits for Property Coverages	SP 1 750 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
05	Businessowners Scheduled Property Coverage	SP 1 751 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
06	Businessowners Fine Arts Coverage	SP 1 752 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
07	Printers Errors and Omissions Liability Coverage	SP 1 753 1105	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Unintentional Errors and Omissions	SP 1 754 0805	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
09	Blanket Additional Insured Certificate Holder	SP 1 756 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
10	Blanket Additional Insured (By Contract)	SP 1 757 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
11	Amendment – Aggregate Limits of Insurance	SP 1 758 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
12	Damage to Customers' Property	SP 1 759 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
13	Food Contamination Coverage	SP 1 761 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		

14	Bailee's Customers Property Coverage	SP 1 752 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
15	Customers' Artwork	SP 1 763 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
16	Exclusion – Athletic Or Sports Participants	SP 1 764 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
17	Employees' Tools Coverage	SP 1 768 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
18	Employee Dishonesty Coverage – Exclusion of Designated Persons or Classes of Persons	SP 1 812 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
19	Fellow Employee Coverage	SP 1 813 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
20	Fraternal Organization Endorsement	SP 1 815 0805	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
21	Additional Insured – Club Members (Including Medical Expenses)	SP 1 816 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
22	Additional Insured – Club Members	SP 1 817 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
23	Additional Limit of Employee Dishonesty Coverage for Designated Employees or Positions	SP 1 818 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
24	Additional Property Not Covered	SP 1 819 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
25	Coverage for Money and Securities in the Custody of Designated Officers	SP 1 820 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
26	Coverage for Money and Securities in the Custody of Volunteer Workers	SP 1 821 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
27	Employee Dishonesty Coverage for Designated Officers	SP 1 822 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
28	Employee Dishonesty Coverage for Volunteer Workers	SP 1 823 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
29	Exclusion – Counseling Services	SP 1 824 1002	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		

30	Exclusion – Described Hazards (Carnivals, Circuses and Fairs)	SP 1 825 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
31	Additional Insured – Grantor of Franchise	SP 1 901 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
32	Businessowners Policy Declarations	SP 1 903 0106	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
33	Common Policy Declarations	SP 2 172 0702	<input type="checkbox"/> New X Replacement <input type="checkbox"/> Withdrawn		
34	Common Policy Change Endorsement	SP 2 173 0702	<input type="checkbox"/> New X Replacement <input type="checkbox"/> Withdrawn		
35	Schedule of Forms and Endorsements	SP 2 174 0702	<input type="checkbox"/> New X Replacement <input type="checkbox"/> Withdrawn		
36	Schedule of Locations	SP 2 175 0702	<input type="checkbox"/> New X Replacement <input type="checkbox"/> Withdrawn		
37	Schedule of Taxes, Surcharges or Fees	SP 2 176 0702	<input type="checkbox"/> New X Replacement <input type="checkbox"/> Withdrawn		
38	Schedule of Named Insured(s)	SP 2 177 0702	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
39	Schedule of Taxes, Surcharges or Fees Changes	SP 2 200 0702	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw t		
40	Schedule of Location Changes	SP 2 201 0702	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
41	Installment Schedule	SP 2 202 0802	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
42	Businessowners Policy Declarations	SP 2 214 0604	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
43	Businessowners Policy Declarations – Extension	SP 2 215 0604	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
44	Schedule of Businessowners Policy Changes	SP 2 216 0604	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
45	Schedule of Loss Payee(s)	SP 2 220 0903	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
46	Schedule of Mortgage Holder(s)	SP 2 221 0903	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		

47	Cancellation Endorsement	SP 2 224 0802	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
48	Reinstatement Endorsement	SP 2 225 0802	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
49	Schedule of Businessowners Policy Optional Coverage Changes	SP 2 226 0903	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
50	Businessowners Optional Coverage Schedule	SP 2 227 0903	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
51	Lead Contamination Exclusion	SP 3 990 0607	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
52	Absolute Asbestos Exclusion	SP 3 995 0607	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
53	Amendment – Aggregate Limits of Insurance Endorsement (Per Location)	WIC-3559 1003	X New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdraw		
54	Signature Page – WIC & ERC	SP 3 881 0307	New X Replacement <input type="checkbox"/> Withdraw		
55	Silica Dust, Other Dusts and Toxic Substance Exclusion	SP 3 294 0604	New <input type="checkbox"/> Replacement X Withdraw		
56	Exterior Insulation and Finish System (EIFS) Exclusion	SP 3 150 1003	New Replacement X Withdraw		

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 #
Swiss Re	181

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Westport Insurance Corporation	MO	34207	13-1941868	
Employers Reinsurance Corporation	MO	39845	48-0921045	
North American Specialty Insurance Company	NH	29874	02-0311919	
North American Elite Insurance Company	NH	29700	13-3440360	

5. Company Tracking Number	9-BOP-AR-07-02688a-1-F
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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
	Linda Snook, AIS 5200 Metcal, Overland Park, KS 66201	P&RS Specialist	800-255-6931, x5307	913-676- 6226	Linda_snook@swissre.com
7.	Signature of authorized filer		<i>Linda Snook</i>		
8.	Please print name of authorized filer		Linda Snook		

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

9. Type of Insurance (TOI)	05.0 Commercial Multi-Peril - Liability & Non-Liability
10. Sub-Type of Insurance (Sub-TOI)	05.0002 Businessowners
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> X Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01-01-2008 Renewal: 01-01-2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	08-23-2007

19. Status of filing in domicile	<input type="checkbox"/> Not Filed	<input checked="" type="checkbox"/> Pending	<input type="checkbox"/> Authorized	<input type="checkbox"/> Disapproved
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Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	9-BOP-AR-07-02688a-1-F
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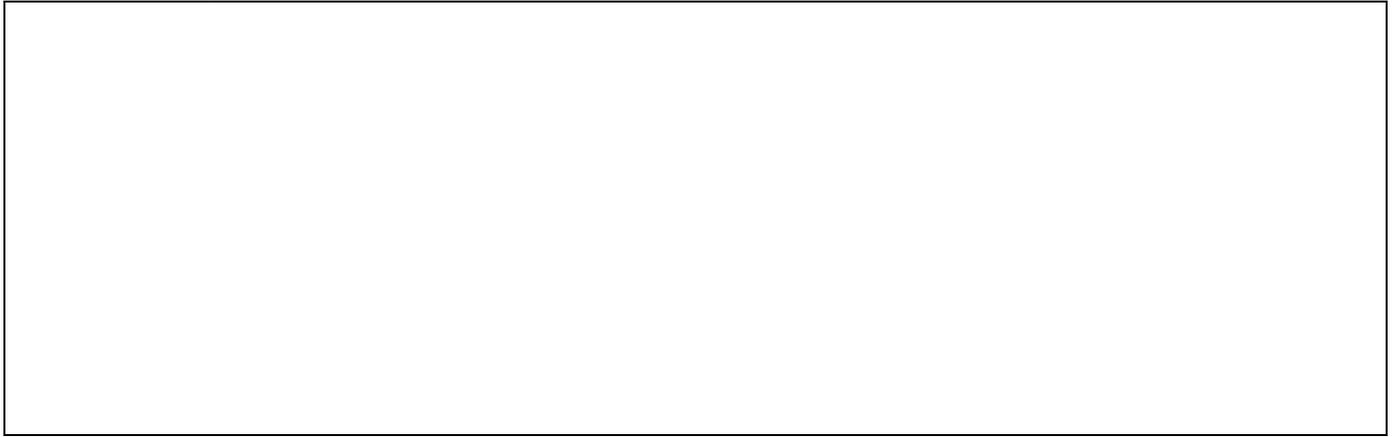
21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
--

We are filing to add North American Specialty Insurance Co. & North American Elite Insurance Co. to our Businessowners tier program.

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]

Check #: EFT
Amount: \$50

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.)**

**BUSINESSOWNERS
FORMS BEING FILED FOR NAS & NAE
ARKANSAS
Our Filing Number: 9-BOP-AR-07-02688a-1-F**

FORM NUMBER	FORM TITLE	FORM TYPE	REQUIREMENT	IMPACT RATES	RESTRICT / BROADEN COVERAGE
SP 000 583 1003	Exclusion - Designated Professional Services	Endorsement	Optional	No	Restricts
SP 001 052 1003	Earth Movement Exclusion Endorsement	Endorsement	Optional	No	Restricts
SP 1 749 1005	Businessowners Extra Coverage	Endorsement	Optional	Yes	Broadens
SP 1 750 1003	Increased Limits For Property Coverages	Endorsement	Optional	Yes	Broadens
SP 1 751 1003	Businessowners Scheduled Property Coverage	Endorsement	Optional	Yes	Broadens
SP 1 752 1003	Businessowners Fine Arts Coverage	Endorsement	Optional	Yes	Broadens
SP 1 753 1105	Printers Errors and Omissions Liability Coverage	Endorsement	Optional	Yes	Broadens
SP 1 754 0805	Unintentional Errors and Omissions	Endorsement	Optional	No	Broadens
SP 1 756 1003	Blanket Additional Insured Certificate Holder	Endorsement	Optional	Yes	Broadens
SP 1 757 1003	Blanket Additional Insured (By Contract)	Endorsement	Optional	Yes	Broadens
SP 1 758 1003	Amendment - Aggregate Limits of Insurance	Endorsement	Optional	Yes	Broadens
SP 1 759 1003	Damage To Customers' Property	Endorsement	Optional	Yes	Broadens
SP 1 761 1003	Food Contamination Coverage	Endorsement	Optional	Yes	Broadens

SP 1 762 1003	Bailee's Customers Property Coverage	Endorsement	Optional	Yes	Broadens
SP 1 763 1003	Customers' Artwork	Endorsement	Optional	No	Broadens
SP 1 764 1003	Exclusion - Athletic Or Sports Participants	Endorsement	Optional	No	Restricts
SP 1 768 1003	Employees' Tools Coverage	Endorsement	Optional	Yes	Broadens
SP 1 812 1003	Employee Dishonesty Coverage - Exclusion of Designated Persons or Classes of Persons	Endorsement	Optional	No	Broadens
SP 1 813 1003	Fellow Employee Coverage	Endorsement	Optional	Yes	Broadens
SP 1 815 0805	Fraternal Organization Endorsement	Endorsement	Optional	Yes	Broadens
SP 1 816 1003	Additional Insured - Club Members (Including Medical Expenses)	Endorsement	Optional	Yes	Broadens
SP 1 817 1003	Additional Issued - Club Members	Endorsement	Optional	Yes	Broadens
SP 1 818 1003	Additional Limit of Employee Dishonesty Coverage for Designated Employees or Positions	Endorsement	Optional	Yes	Broadens
SP 1 819 1003	Additional Property Not Covered	Endorsement	Optional	No	Restricts
SP 1 820 1003	Coverage For Money and Securities in the Custody of Designated Officers	Endorsement	Optional	No	Broadens
SP 1 821 1003	Coverage For Money and Securities in the Custody of Volunteer Workers	Endorsement	Optional	No	Broadens
SP 1 822 1003	Employee Dishonesty Coverage for Designated Officers	Endorsement	Optional	No	Broadens
SP 1 823 1003	Employee Dishonesty Coverage for Volunteer Workers	Endorsement	Optional	No	Broadens
SP 1 824 1003	Exclusion - Counseling Services	Endorsement	Optional	No	Broadens
SP 1 825 1003	Exclusion - Described Hazards (Carnivals, Circuses and Fairs)	Endorsement	Optional	No	Restricts

SP 1 901 1003	Additional Insured - Grantor of Franchise	Endorsement	Optional	Yes	Broadens
SP 1 903 0106	Businessowners Policy Declarations	Declaration	Mandatory	No	Neither
SP 2 172 0702	Common Policy Declarations	Declaration	Mandatory	No	Neither
SP 2 173 0702	Common Policy Change Endorsement	Endorsement	Optional	No	Neither
SP 2 174 0702	Schedule of Forms and Endorsements	Schedule	Optional	No	Neither
SP 2 175 0702	Schedule of Locations	Schedule	Optional	No	Neither
SP 2 176 0702	Schedule of Taxes, Surcharges or Fees	Schedule	Optional	No	Neither
SP 2 177 0702	Schedule of Named Insured(s)	Schedule	Optional	No	Neither
SP 2 200 0702	Schedule of Taxes, Surcharges or Fees Changes	Schedule	Optional	No	Neither
SP 2 201 0702	Schedule of Location Changes	Schedule	Optional	No	Neither
SP 2 202 0802	Installment Schedule	Schedule	Optional	No	Neither
SP 2 214 0604	Businessowners Policy Declarations	Declaration	Mandatory	No	Neither
SP 2 215 0604	Businessowners Policy Declarations - Extension	Declaration	Optional	No	Neither
SP 2 216 0903	Schedule of Businessowners Policy Changes	Schedule	Optional	No	Neither
SP 2 220 0903	Schedule of Loss Payee(s)	Schedule	Optional	No	Neither
SP 2 221 0903	Schedule of Mortgage Holders(s)	Schedule	Optional	No	Neither
SP 2 224 0802	Cancellation Endorsement	Endorsement	Optional	No	Neither
SP 2 225 0802	Reinstatement Endorsement	Endorsement	Optional	No	Neither

SP 2 226 0903	Schedule of Businessowners Policy Optional Coverages Changes	Schedule	Optional	No	Neither
SP 2 227 0903	Businessowners Optional Coverage Schedule	Schedule	Optional	No	Neither
SP 3 990 0607	Lead Contamination Exclusion	Endorsement	Mandatory	No	Restricts
SP 3 995 0607 A44	Absolute Asbestos Exclusion	Endorsement	Mandatory	No	Restricts
WIC-3559 1003	Amendment - Aggregate Limits of Insurance Endorsement (Per Location)	Endorsement	Optional	No	Restricts

FORMS BEING FILED FOR WIC & ERC

FORM NUMBER	FORM TITLE	FORM TYPE	REQUIREMENT	IMPACT RATES	RESTRICT / BROADEN COVERAGE
SP 1 903 0106 (being filed for ERC; WIC is already approved)	Businessowners Policy Declarations	Declaration	Mandatory	No	Neither
SP 3 990 0607 (Replaces WIC-3352)	Lead Contamination Exclusion	Endorsement	Mandatory	No	Restricts
SP 3 995 0607 (Replaces WIC-3351)	Absolute Asbestos Exclusion	Endorsement	Mandatory	No	Restricts
SP 3 881 0307 (replaces SP 2 277 0906 for WIC & SP 3 252 0906 for ERC)	Signature Page - WIC & ERC	Endorsement	Mandatory	No	Neither

The following forms are being withdrawn from WIC & ERC:

SP 3 294 0604	Silica Dust, Other Dusts and Toxic Substance Exclusion
SP 3 150 1003	Exterior Insulation and Finish System (EIFS) Exclusion

SERFF Tracking Number: ERCA-125251195 State: Arkansas
 First Filing Company: Employers Reinsurance Corporation, ... State Tracking Number: AR-PC-07-025905
 Company Tracking Number: 9-BOP-AR-07-02688A-1-F
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Businessowners Tier Form Filing - 07-02688a
 Project Name/Number: Businessowners Tier Form Filing - 07-02688a/9-BOP-AR-07-02688a-1-F

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Amendment - Aggregate Limits of Insurance Endorsement (Per Location)	08/27/2007	WIC-3359 0503.pdf

[Insert Company Name Here]

ABSOLUTE EXCLUSION – AIRCRAFT PRODUCTS

This Endorsement Changes the Policy – Please Read it Carefully

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART**

In addition to all other exclusions in this policy, this insurance does not apply to “bodily injury” or “property damage” included in the “products/completed operations hazard” and arising out of any of “your products” which are “Aircraft Products.”

“Aircraft Products” means:

1. “aircraft,” meaning missiles, rockets, satellites, space craft, hovercraft, helicopters, airplanes, and any other machine that could carry one or more passengers, cargo or observation equipment in flight;
2. any “aircraft part,” meaning items furnished by the insured or subsidiary companies controlled by the insured and installed in “aircraft,” or used in connection with “aircraft” including ground handling tools and equipment;
3. training aids, instructions, manuals, blueprints, engineering reports or other data, engineering or other advice regarding any “aircraft” or “aircraft part”; or
4. services and labor relating to “aircraft” or “aircraft parts.”

This exclusion applies regardless of whether or not an insured knew or intended the “aircraft product” or “aircraft part” to be used as a component of or in connection with an “aircraft.”

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.