

SERFF Tracking Number: FFDC-125292134 State: Arkansas  
First Filing Company: American Automobile Insurance Company, ... State Tracking Number: AR-PC-07-026095  
Company Tracking Number: NARAB0207  
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations  
Liability  
Product Name: American Business Coverage Personal Injury Hazard Redefined  
Project Name/Number: American Business Coverage Personal Injury Hazard Redefined/NWAB0207

## Filing at a Glance

Companies: American Automobile Insurance Company, Associated Indemnity Corporation, Fireman's Fund Insurance Company, National Surety Corporation, The American Insurance Company

Product Name: American Business Coverage SERFF Tr Num: FFDC-125292134 State: Arkansas

Personal Injury Hazard Redefined

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: AR-PC-07-026095

Non-Liability

Sub-TOI: 05.0000 CMP Sub-TOI Combinations Co Tr Num: NARAB0207 State Status:

Filing Type: Form

Co Status: Pending

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins, Brittany Yielding

Authors: Gina Bondanza, Hilary  
Cheda

Disposition Date: 09/19/2007

Date Submitted: 09/14/2007

Disposition Status: Approved

Effective Date Requested (New): 10/01/2007

Effective Date (New): 10/01/2007

Effective Date Requested (Renewal): 10/01/2007

Effective Date (Renewal):  
10/01/2007

## General Information

Project Name: American Business Coverage Personal Injury Hazard Redefined Status of Filing in Domicile: Pending

Project Number: NWAB0207

Domicile Status Comments: New nationwide  
filing

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/19/2007

State Status Changed: 09/17/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Dear Sir or Madam:

We are submitting for your review our new proprietary endorsement AB 9348 07 07, Personal Injury Hazard Redefined.

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This endorsement is optional and attaches to our proprietary American Business Coverage form. Refer to the attached Explanatory Memorandum for further details.

This is a form filing only.

Enclosed in support of this filing are the following items:

- Explanatory Memorandum; and
- AB 9348 07 07, Personal Injury Hazard Redefined.

Your approval of this filing with a proposed effective date of October 1, 2007 is appreciated.

## Company and Contact

### Filing Contact Information

Hilary Cheda, hcheda@ffic.com  
 777 San Marin Drive (415) 899-6968 [Phone]  
 Novato, CA 94998 (866) 290-0671[FAX]

### Filing Company Information

American Automobile Insurance Company	CoCode: 21849	State of Domicile: Missouri
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-2817 ext. [Phone]	FEIN Number: 22-1608585	
	-----	

Associated Indemnity Corporation	CoCode: 21865	State of Domicile: California
777 San Marin Drive	Group Code: 761	Company Type:
Novato, CA 94998	Group Name:	State ID Number:
(415) 899-2817 ext. [Phone]	FEIN Number: 22-1708002	
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Fireman's Fund Insurance Company	CoCode: 21873	State of Domicile: California
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777 San Marin Drive  
Novato, CA 94998  
(415) 899-3290 ext. [Phone]

Group Code: 761  
Group Name:  
FEIN Number: 94-1610280  
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Company Type:  
State ID Number:

National Surety Corporation  
777 San Marin Drive  
Novato, CA 94998  
(415) 899-2817 ext. [Phone]

CoCode: 21881  
Group Code: 761  
Group Name:  
FEIN Number: 36-2704643  
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State of Domicile: Illinois  
Company Type:  
State ID Number:

The American Insurance Company  
777 San Marin Drive  
Novato, CA 94998  
(415) 899-2817 ext. [Phone]

CoCode: 21857  
Group Code: 761  
Group Name:  
FEIN Number: 22-0731810  
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State of Domicile: Nebraska  
Company Type:  
State ID Number:

SERFF Tracking Number: FFDC-125292134 State: Arkansas  
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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 #
American Automobile Insurance Company	\$50.00	09/14/2007	15637752
The American Insurance Company	\$0.00	09/14/2007	
Associated Indemnity Corporation	\$0.00	09/14/2007	
Fireman's Fund Insurance Company	\$0.00	09/14/2007	
National Surety Corporation	\$0.00	09/14/2007	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/19/2007	09/19/2007

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## Disposition

Disposition Date: 09/19/2007  
Effective Date (New): 10/01/2007  
Effective Date (Renewal): 10/01/2007  
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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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Explanatory Memorandum	Approved	Yes
<b>Form</b>	Personal Injury Hazard Redefined	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Personal Injury Hazard Redefined	AB 3948	07 07	Endorsement/Amendment/Conditions	New	0.00	ABC - Personal Injury Hazard Redefined.pdf

# Personal Injury Hazard Redefined – AB 9348 07 07

Policy Amendment(s) Section II

**Your American Business Coverage Form is revised as follows:**

SECTION III – PROPERTY, LIABILITY AND MEDICAL PAYMENTS DEFINITIONS, 17.

**Personal Injury**, item c., is replaced by the following:

- c. The actual wrongful eviction from, actual wrongful entry into, or actual invasion of the right of private occupancy of a room, dwelling or premises that a person or organization legally occupies;

This Form must be attached to Change Endorsement when issued after the policy is written.

One of the **Fireman's Fund Insurance Companies** as named in the policy



Secretary



President

AB9348 07 07

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 09/19/2007

**Comments:**

**Attachment:**

NARAB0207 P & C Transmittal.pdf

**Satisfied -Name:** Explanatory Memorandum **Review Status:** Approved 09/19/2007

**Comments:**

**Attachment:**

Explanatory Memo - Personal Injury Hazard Redefined-1.pdf

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

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

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**2. Insurance Department Use only**

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

<b>3. Group Name</b>	<b>Group NAIC #</b>
Fireman's Fund Insurance Companies	0761

4. Company Name(s)	Domicile	NAIC #	FEIN #
Fireman's Fund Insurance Company	California	21873	94-1610280
The American Insurance Company	Nebraska	21857	22-0731810
National Surety Corporation	Illinois	21881	36-2704643
Associated Indemnity Corporation	California	21865	22-1708002
American Automobile Insurance Company	Missouri	21849	22-1608585

<b>5. Company Tracking Number</b>	<b>NARAB0207</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	Fax #	e-mail
Hilary Cheda 777 San Marin Drive Novato, California 94998	Regulatory Analyst	(415)899-6968	(866)290-0671	hcheda@ffic.com
7. Signature of authorized filer		<i>Hilary Cheda</i>		
8. Please print name of authorized filer		Hilary Cheda		

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

9. Type of Insurance (TOI)	5.0 Liability and Non Liability
10. Sub-Type of Insurance (Sub-TOI)	5.0000 CMP – Sub – TOI Combinations
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"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
14. Effective Date(s) Requested	New: 10-01-07    Renewal: 10-01-07
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing 08/27/2007	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document---

20.	This filing transmittal is part of Company Tracking #	NARAB0207					
21.	<b>Filing Description</b>  We are submitting for your review our new proprietary endorsement AB 9348 07 07, Personal Injury Hazard Redefined.  This endorsement is optional and attaches to our proprietary American Business coverage form. Refer to the attached Explanatory Memorandum for further details.  This is a form filing only.  Enclosed in support of this filing are the following items: <ul style="list-style-type: none"><li>• Explanatory Memorandum; and</li><li>• AB 9348 07 07 Personal Injury Hazard Redefined.</li></ul> Your approval of this filing with a proposed effective date of October 1, 2007 is appreciated.						
22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]  <table border="1" data-bbox="228 1073 667 1142"><tr><td data-bbox="228 1073 367 1108">Check #:</td><td data-bbox="371 1073 667 1108"></td></tr><tr><td data-bbox="228 1108 367 1142">Amount:</td><td data-bbox="371 1108 667 1142">\$</td></tr></table> <table border="1" data-bbox="228 1173 1471 1276"><tr><td data-bbox="228 1173 1471 1276"></td></tr></table> <b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>  <b>***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)</b>		Check #:		Amount:	\$	
Check #:							
Amount:	\$						

## **Personal Injury Hazard Redefined – AB 9348 07 07**

### **Explanatory Memorandum**

The following new optional proprietary endorsement, Personal Injury Hazard Redefined – AB 9348 07 07, is submitted for your consideration and review.

#### **Background & Explanation**

Our current proprietary American Business Coverage (ABC) coverage form defines personal injury, in part, as including “The actual wrongful eviction from, actual wrongful entry into, or actual invasion of the right of private occupancy of a room, dwelling or premises that a person legally occupies ...” This language is similar to the definition of personal and advertising injury in the current ISO Commercial General Liability (CGL) coverage part.

In two recent decisions (*Mirpad v. California Insurance Guarantee Association* and *Golden Eagle Insurance Company v. Cen-Fed, Ltd.*), the California Court of Appeals found a building owner had no coverage under their CGL for wrongful eviction of a corporation from premises leased to the corporation. In its rulings, the court noted the CGL definition of wrongful eviction only uses the term “person” and not the term “organization”, as opposed to the definition of the personal injury offenses of slander or libel, which uses the term “person or organization.”

In *Mirpad*, the Court of Appeals reversed the initial trial court ruling, which had found coverage under the CGL for wrongful eviction of a corporation. In its decision, the trial court noted that Section 19 of the California Insurance Code defines the word “person” as “any person, association, organization, partnership, business trust, limited liability company, or corporation.” Other sources also define the word “person” in a manner similar to the California Insurance Code:

- Webster’s Dictionary defines the word “person” as “One (as a human being, or partnership, or a corporation) that is recognized by law as the subject of rights and duties”
- West’s Encyclopedia of American Law defines the word “person” as “In general usage, a human being; by statute, however, the term can include firms, labor organizations, partnerships, associations, corporations, legal representatives, trustees, trustees in bankruptcy, or receivers...A corporation is a ‘person’ for purposes of the constitutional guarantees of equal protection of laws and due process of law.”

Building owners and managers that lease property to others need coverage for wrongful eviction of lessees, regardless of the type of entity that leases the premises. The following new ABC endorsement is intended to provide such coverage.

#### **Personal Injury Hazard Redefined AB 9348 07 07**

Our new endorsement amends the definition of personal injury to apply to wrongful eviction of an “organization” as well a “person”. This endorsement will be used with the ABC coverage form and will be attached when specifically requested by a policyholder that leases premises to an entity other than a natural person.

There is no premium or rate impact associated with use of this endorsement.