

SERFF Tracking Number: UNON-125284594 State: Arkansas
First Filing Company: Continental Western Insurance Company, ... State Tracking Number: AR-PC-07-026042
Company Tracking Number: 07-GL-FM-22
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: 2007 GL Form Filings
Project Name/Number: 12-07 AR GL FormRule Filing/

Filing at a Glance

Companies: Continental Western Insurance Company, Acadia Insurance Company, Union Insurance Company
Product Name: 2007 GL Form Filings SERFF Tr Num: UNON-125284594 State: Arkansas
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: AR-PC-07-026042
Made/Occurrence
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 07-GL-FM-22 State Status:
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding
Author: Frances Linker Disposition Date: 09/20/2007
Date Submitted: 09/10/2007 Disposition Status: Approved
Effective Date Requested (New): 12/01/2007 Effective Date (New):
Effective Date Requested (Renewal): 12/01/2007 Effective Date (Renewal):

General Information

Project Name: 12-07 AR GL FormRule Filing Status of Filing in Domicile:
Project Number: Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 09/20/2007
State Status Changed: 09/11/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Continental Western Insurance Company, Union Insurance Company and Acadia Insurance Company propose to adopt the following company endorsement:

CL CG 01 34 07 07 Educational Institutions General Liability Amendatory Endorsement

This endorsement adds exclusions for School Board E & O, trampolines, and tanning equipment, and also adds extensions for Broad Knowledge of Occurrence, Broadened Named Insured, Unintentional Error in Disclosure, and Additional Insured – Co-Employee. It also tailors the Who Is An Insured provision to address the needs of school risks.

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Our company rule is enclosed. This is a new rule for a new endorsement.

Company and Contact

Filing Contact Information

Frances Linker, Compliance Analyst flinker@usic.com
 P. O. Box 152180 (972) 719-2400 [Phone]
 Irving, TX 75015-2180 (972) 719-2301[FAX]

Filing Company Information

Continental Western Insurance Company	CoCode: 10804	State of Domicile: Iowa
P. O. Box 152180	Group Code: 98	Company Type: P & C
Irving, TX 75015-2180	Group Name: W. R. Berkley	State ID Number:
(972) 719-2400 ext. 2465[Phone]	FEIN Number: 42-0594770	

Acadia Insurance Company	CoCode: 31325	State of Domicile: Maine
P. O. Box 152180	Group Code: 98	Company Type: P & C
Irving, TX 75015-2180	Group Name: W. R. Berkley	State ID Number:
(972) 719-2400 ext. 2465[Phone]	FEIN Number: 01-0471706	

Union Insurance Company	CoCode: 25844	State of Domicile: Iowa
122 W. Carpenter Freeway	Group Code: 98	Company Type: P&C
Suite 350		
Irving, TX 75039	Group Name: W. R. Berkle	State ID Number:
(972) 719-2400 ext. 2465[Phone]	FEIN Number: 47-0547953	

Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
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10029670 \$50.00 08/30/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	09/20/2007	09/20/2007

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Disposition

Disposition Date: 09/20/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Educational Institutions General Liability Amendatory Endorsement	Approved	Yes
Rate	Company Rule - GL	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Educational Institutions General Liability Amendatory Endorsement	CL CG 01 34	07 07	Endorsement/New Amendment/Conditions		0.00	CL CG 01 34 07 07.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EDUCATIONAL INSTITUTIONS GENERAL LIABILITY AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. SCHOOL BOARD ERRORS AND OMISSIONS EXCLUSION

The following exclusion is added to paragraph 2. **Exclusions** under **Section I – Coverage A -- Bodily Injury And Property Damage Liability**, and **Section I – Coverage B -- Personal And Advertising Injury Liability**:

This insurance does not apply to:

School Board Errors And Omissions

“Bodily injury”, “property damage”, or “personal and advertising injury” arising out of any actual or alleged error, mis-statement, misleading statement, neglect, act, omission or breach of duty, including, but not limited to, misfeasance, malfeasance or nonfeasance by any of your:

1. Trustees or members of your Board of Governors, if you are a private institution; or
2. Your board members or commissioners, if you are a public institution; or
3. Anyone acting in a similar capacity

in the discharge of their responsibilities to any insured or by reason of being trustees, board members or commissioners, whether acting as individuals or collectively.

B. ADDITIONAL INSURED

1. **Section II—Who Is An Insured** is amended under Paragraph 1. as follows:

If you are designated in the Declarations as a School or Educational Institution,

- (a) Paragraph 1.d. is deleted and replaced with the following:

- d. An organization other than a partnership, joint venture, limited liability company, or a school or other education institution, you are an insured. Your “executive officers” and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders; and

- (b) The following paragraph is added:

If you are designated in the Declarations as a school or other educational institution:

- (1) You are an insured.
- (2) The following are also insureds, but only with respect to their duties in connection with the positions described below:
 - (a) Your “executive officers”;
 - (b) Your School Superintendent and/or Assistant School Superintendent(s);
 - (c) Any of your School Principals and/or Assistant School Principals;
 - (d) Any of your Board members or commissioners if you are a public board or commission; and
 - (e) Any of your trustees or members of your Board of Governors, if you are a private charitable or educational institution.

2. **Section II—Who Is An Insured** is amended under Paragraph 2. to include as an insured any of the following:

- a. Your student teachers teaching as part of their educational requirements, but only with respect to their duties as student teachers;
- b. Any member of your parent-teacher organization or association, but only with respect to his or her activities as such a member which are performed on your behalf;
- c. Any trustee, official or member of the board of directors of your parent-teacher organization or association, but only with respect to their duties as such;
- d. Parent support groups (other than your parent-teacher organization or association), alumni associations, student clubs or other organizations, but only if they have been specifically authorized by you, and then only with respect to:

- 1. The use of your premises; or
- 2. Their activities off your premises

that are within the scope of the authorized purpose of the organization. However, this insurance:

- (1) Does not apply to any of these organizations that own, rent or otherwise occupy premises away from your premises for a period of six (6) months or more; and
- (2) Is excess over any other premises/operations liability insurance, available to such organization, whether primary, excess, contingent, or on any other basis.

C. BROADENED NAMED INSURED

Paragraph 3. under **Section II—Who Is An Insured** is replaced in its entirety by the following:

- 3. Any organization you newly acquire or form, other than:
 - (i) a joint venture or partnership, or
 - (ii) An organization excluded either by the provisions of this Coverage Part, or by endorsement,

and over which you maintain ownership or majority interest of more than 50% 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 end of the policy period during which you acquire or form the organization;
- b. **Section I -- Coverage A -- Bodily Injury And Property Damage Liability** does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization;
- c. **Section I – Coverage B -- Personal And Advertising Injury Liability** does not apply to "personal and 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 or joint venture that is not shown as a Named Insured in the Declarations.

D. BROAD KNOWLEDGE OF OCCURRENCE

The following provisions are added to Paragraph 2. of **Section IV – Commercial General Liability Conditions – Duties In The Event Of Occurrence, Offense, Claim Or Suit:**

- 1. You only must give us or our authorized representative notice of an "occurrence", offense, claim, or "suit" as soon as practical after the "occurrence", offense, claim, or "suit" is known to:
 - a. You, if you are an individual;
 - b. A partner, if you are a partnership;
 - c. A manager, if you are a limited liability company; or
 - d. An "executive officer" or the "employee" designated by you to give such notice, if you are an organization other than a partnership or a limited liability company.
- 2. Your rights under this Coverage Part will not be prejudiced if you fail to give us notice of an "occurrence", offense, claim or "suit" and that failure is solely due to your reasonable belief that the "bodily injury", "property damage" or "personal and advertising injury" is not covered under this Coverage Part. However, you shall give written notice of this "occurrence", offense, claim or "suit" to us as soon as you are aware that this insurance may apply to such "occurrence", offense, claim or "suit".

E. UNINTENTIONAL OMISSION OR ERROR IN DISCLOSURE

The following provision is added to Paragraph 6. **Representations of Section IV – Commercial General Liability Conditions:**

However, the unintentional omission of, or unintentional error in, any information given or provided by you shall not prejudice your rights under this insurance. At the same time, this provision does not affect our right to collect additional premium or to exercise our right of cancellation or non-renewal.

F. TRAMPOLINES EXCLUSION

The following is added to Paragraph 2. **Exclusions, Section I – Coverage A Bodily Injury And Property Damage Liability:**

This insurance does not apply to:

Trampolines

“Bodily Injury” or “Property Damage” arising out of the ownership, maintenance, operation or use of any trampoline, mini-trampoline or other similar rebound jumping devices or equipment.

G. TANNING EQUIPMENT EXCLUSION

The following is added to Paragraph 2. **Exclusions, Section I – Coverage A Bodily Injury And Property Damage Liability:**

This insurance does not apply to:

Tanning Equipment Or Process

“Bodily Injury” or “Property Damage” arising out of the ownership, maintenance, operation or use of any tanning equipment and/or tanning process used to tan skin, including, but not limited to, sun lamps, tanning booths or similar appliances or devices.

H. ADDITIONAL INSURED – CO-EMPLOYEE

Should a claim or “suit” for “bodily injury” or “personal and advertising injury” be brought against an “employee” by a co-“employee”, Paragraph 2.(a)(1) of **Section II. - Who Is An Insured** is deleted and replaced by the following:

- (1) “Bodily injury” or “personal and advertising injury”:
 - (a) To you, to your partners or members (if you are a partnership or joint venture); or to your Superintendent, Assistant Superintendent, your School Principals or your Assistant School Principals (if your are a School or Other Educational Institution);
 - (b) To the spouse, child, parent, brother or sister of you, or of your partners or members (if you are a partnership or joint venture); or to your Superintendent, Assistant Superintendent, your School Principals or your Assistant School Principals (if your are a School or Other Educational Institution); as a consequence of paragraph (1)(a) above;
 - (c) For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in paragraphs (1)(a) or (b) above; or
 - (d) Arising out of his or her providing or failing to provide professional health care services.

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Company Rule - GL	GL Rule 36.E.	New	States other than TX & LA GL Rule 36.E. - 08-07.pdf

**CONTINENTAL WESTERN INSURANCE COMPANY
UNION INSURANCE COMPANY
ACADIA INSURANCE COMPANY**

**DIVISION SIX - EXCEPTION RULE
EDUCATIONAL INSTITUTIONS AMENDATORY ENDORSEMENT**

RULE 36. DESCRIPTION OF ADDITIONAL OPTIONAL ENDORSEMENTS

Rule 36. E. Coverage Amendment Endorsements, is changed to add the following:

To provide a combination of coverage extensions and additional exclusions tailored to educational institutional risks, attach **CL CG 01 34, Educational Institutions General Liability Amendatory Endorsement.**

This endorsement adds exclusions for School Board Liability Errors & Omissions, Trampolines, and Tanning Equipment. It also makes extensions for Board Knowledge Of Occurrence, Broadened Named Insured, Additional Insureds, Unintentional Omission or Error In Disclosure, and Additional Insured -- Co-Employee.

The use of this endorsement is limited to educational institutional risks.

There is no premium adjustment for the use of this endorsement.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 09/20/2007

Comments:

Attachment:

12-07 GL Trans Doc.pdf

Property & Casualty Transmittal Document

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

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
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 type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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 #:
Amount:

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.)

PC TD-1 pg 2 of 2

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 #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	