

SERFF Tracking Number: WAUS-125284204 State: Arkansas
First Filing Company: Wausau Underwriters Insurance Company, ... State Tracking Number: AR-PC-07-026022
Company Tracking Number: GLF-CW-011-07
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability
Product Name: Commercial General Liability
Project Name/Number: Submission of GL2043 08-07 Additional Named Insured Endorsement - Property Management - Designated Premises/GLF-CW-011-07

Filing at a Glance

Companies: Wausau Underwriters Insurance Company, Employers Insurance Company of Wausau, Wausau Business Insurance Company

Product Name: Commercial General Liability SERFF Tr Num: WAUS-125284204 State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: AR-PC-07-026022
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: GLF-CW-011-07 State Status:
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: Polly Becker1 Disposition Date: 09/10/2007
Date Submitted: 09/07/2007 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New):
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

General Information

Project Name: Submission of GL2043 08-07 Additional Named Insured Status of Filing in Domicile: Pending
Endorsement - Property Management - Designated Premises
Project Number: GLF-CW-011-07 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 09/10/2007
State Status Changed: 09/07/2007 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
PROJECT # GLF-CW-011-07
EMPLOYERS INSURANCE COMPANY OF WAUSAU NAIC-0111-21458
WAUSAU UNDERWRITERS INSURANCE COMPANY NAIC-0111-26042
WAUSAU BUSINESS INSURANCE COMPANY NAIC-0111-26069

COMMERCIAL GENERAL LIABILITY
GL2043 08-07 Additional Named Insured Endorsement – Property Management –

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Designated Premises

REQUESTED EFFECTIVE DATE: UPON APPROVAL

The captioned companies submit, for your review, the above to be used with the Commercial General Liability Coverage Part.

This endorsement provides additional named insured coverage for the person or organization indicated in the endorsement schedule, but only for the maintenance or use of the premises shown in the schedule, and operations necessary or incidental to those premises. For use with Property Management operations where there is not ownership or financial controlling interest in the property they are managing.

I will appreciate acknowledgment/approval of this submission.

Sincerely,

Polly Becker
State Filings Analyst
1-877-792-8728, Ext. 7434
Fax: 1-715-842-6828
Polly.Becker@wausau.com
Enclosure

Company and Contact

Filing Contact Information

Polly Becker, State Filings Analyst Polly.Becker@Wausau.com
PO BOX 8017 (877) 792-8728 [Phone]
Wausau, WI 54402-8017 (715) 842-6828[FAX]

Filing Company Information

Wausau Underwriters Insurance Company CoCode: 26042 State of Domicile: Wisconsin

SERFF Tracking Number: WAUS-125284204 State: Arkansas
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P O Box 8017
Wausau, WI 54402-8017
(877) 792-8728 ext. [Phone]

Group Code: 111
Group Name:
FEIN Number: 39-1341459

Company Type:
State ID Number:

Employers Insurance Company of Wausau
P O Box 8017
Wausau, WI 54402-8017
(877) 792-8728 ext. [Phone]

CoCode: 21458
Group Code: 111
Group Name:
FEIN Number: 39-0264050

State of Domicile: Wisconsin
Company Type:
State ID Number:

Wausau Business Insurance Company
P O Box 8017
Wausau, WI 54402-8017
(877) 792-8728 ext. [Phone]

CoCode: 26069
Group Code: 111
Group Name:
FEIN Number: 36-3522250

State of Domicile: Wisconsin
Company Type:
State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 for form filing (all companies as one)
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Employers Insurance Company of Wausau	\$50.00	09/07/2007	15472230
Wausau Underwriters Insurance Company	\$0.00	09/07/2007	
Wausau Business Insurance Company	\$0.00	09/07/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	09/10/2007	09/10/2007

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Disposition

Disposition Date: 09/10/2007

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	Additional Named Insured Endorsement – Property Management – Designated Premises	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Additional Named Insured Endorsement – Property Management – Designated Premises	GL2043 08-07	08-07	Endorsement/Amendment/Conditions	New	0.00	GL2043 08-07.pdf

Policy Number
Issued by

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**Additional Named Insured Endorsement – Property Management –
Designated Premises**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Throughout this policy, the words "you" and "your" also refer to each additional Named Insured listed in the Schedule of this endorsement. The following provisions also apply:

1. Paragraph **I.** of Section **II** - Who Is An Insured is deleted and replaced by the following:
 1. If you are designated in the Declarations or this endorsement as:
 - a. An individual, you and your spouse are insureds, but only with respect to the conduct of a business of which you are the sole owner.
 - b. A partnership or joint venture, you are an insured. Your members, your partners and their spouses are also insureds, but only with respect to the conduct of your business.
 - c. A limited liability company, you are an insured. Your members are also insureds, but only with respect to the conduct of your business. Your managers are insureds, but only with respect to their duties as your managers.
 - d. An organization other than a partnership, joint venture or limited liability company, 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.
 - e. A trust, you are an insured. Your trustees are also insureds, but only with respect to their duties as trustees.
 2. The Named Insured shown in the Declarations is authorized to act for each additional Named Insured listed in all matters pertaining to this insurance including, but not limited to, receipt of:
 - a. Notice of cancellation;
 - b. Any returned premium;
 - c. Any dividends which we may declare.
 3. The Named Insured shown in the Declarations will pay the premium for the insurance afforded each additional insured listed in the Schedule of this endorsement in accordance with the manual rules we use; provided that in the event of bankruptcy or insolvency of the Named Insured shown in the Declarations, each additional Named Insured will be responsible for and will pay us the premium for the insurance afforded respectively to each such additional Named Insured.
 4. Coverage **A** does not apply to "bodily injury" or "property damage" that occurred before the Named Insured acquired or formed the additional Named Insured listed in the Schedule of this endorsement.
 5. Coverage **B** does not apply to "personal and advertising injury" arising out of an offense committed before the Named Insured acquired or formed the additional Named Insured listed in the Schedule of this endorsement.

6. This insurance applies only to "bodily injury", "property damage", "personal and advertising injury" and medical expenses arising out of the ownership, maintenance or use of the premises shown in the Schedule of this endorsement and operations necessary or incidental to those premises.

Schedule

Names of Additional
Named Insured

Form of Business

Designated Premises

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Rate Information

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Supporting Document Schedules

Bypassed -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Approved	09/10/2007
Bypass Reason:	na			
Comments:				