

SERFF Tracking Number: WESA-125384771 State: Arkansas
Filing Company: United States Liability Insurance Company State Tracking Number: #26179 \$50
Company Tracking Number: MULTI-CX-07-51
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
Product Name: Professional Office Package
Project Name/Number: Professional Office Package Form Addendum Submission/MULTI-CX-07-51

Filing at a Glance

Company: United States Liability Insurance Company

Product Name: Professional Office Package SERFF Tr Num: WESA-125384771 State: Arkansas

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #26179 \$50

Made/Occurrence

Sub-TOI: 17.0022 Other

Co Tr Num: MULTI-CX-07-51

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Authors: Westmont Associates, Wesley Pohler

Disposition Date: 01/23/2008

Date Submitted: 12/12/2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Professional Office Package Form Addendum Submission

Status of Filing in Domicile: Pending

Project Number: MULTI-CX-07-51

Domicile Status Comments: Recently Submitted in PA

Reference Organization: None

Reference Number: None

Reference Title: None

Advisory Org. Circular: None

Filing Status Changed: 01/23/2008

State Status Changed: 01/23/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The Company is filing an updated version of form BP-49, Absolute Exclusion for Pollution Organic Pathogen, Silica, Asbestos, and Lead, for your review and approval. Please find attached the (11-07) edition of the endorsement for your review. The Company is revising the form by adding a provision to provide coverage for bodily injury or property damage arising from the consumption of food products intended for human consumption. Attached is mocked up version of the

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(8/04) edition of the form which shows the revisions.

Please be advised that there are no rate changes or changes to the underwriting guides associated with this filing.

Company and Contact

Filing Contact Information

(This filing was made by a third party - westmontassociatesinc)

Wesley Pohler, AVP wes@westmontlaw.com
 25 Chestnut Street (856) 216-0220 [Phone]
 Haddonfield, NJ 08033 (856) 216-0303[FAX]

Filing Company Information

United States Liability Insurance Company CoCode: 25895 State of Domicile: Pennsylvania
 25 Chestnut Street Group Code: 31 Company Type: Property and
 Casualty

Suite 105
 Haddonfield, NJ 08033 Group Name: State ID Number:
 (856) 216-0220 ext. [Phone] FEIN Number: 23-1383313

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United States Liability Insurance Company	\$0.00	12/12/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
26179	\$50.00	12/11/2007

SERFF Tracking Number: WESA-125384771 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	01/23/2008	01/23/2008

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Project Name/Number: Professional Office Package Form Addendum Submission/MULTI-CX-07-51

Disposition

Disposition Date: 01/23/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125384771 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	Side by Side Comparison	Approved	Yes
Supporting Document	AR Cover	Approved	Yes
Form	Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead	BP-49	(11-07)	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 BP-49 (8/04) Previous Filing #:		BP 49 _11-07_ Absolute Exclusions.pdf

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

**ABSOLUTE EXCLUSION FOR
POLLUTION, ORGANIC PATHOGEN, SILICA, ASBESTOS AND LEAD**

SECTION II – LIABILITY; B. Exclusions; 1 Applicable to Business Liability; f.
Pollution is deleted in its entirety and replaced with the following:

f. Pollution, Organic Pathogen, Silica, Asbestos and Lead.

- (1) “Bodily injury”, “property damage”, or “personal and advertising injury”; or
- (2) Diminishing or lessening in value of property or for damages from the taking, use or acquisition or interference with the rights of others in property or air space; or
- (3) Loss, cost or expense, including but not limited to payment for investigation or defense, fines and penalties, arising out of any governmental or any private party action, that an insured or any other party test for, monitor, clean up, remove, contain, mitigate, treat, detoxify or neutralize or in any way respond to or assess the actual or alleged effects of “pollutants”, “organic pathogens”, “silica”, asbestos, or lead;

arising directly, indirectly, or in concurrence or in any sequence out of actual, alleged or threatened presence of or exposure to, ingestion, inhalation, absorption, contact with discharge, dispersal, seepage, release or escape of “pollutants”, “organic pathogens”, “silica”, asbestos, or lead, whether or not any of the foregoing are (1) sudden, accidental or gradual in nature; (2) intentional; or (3) expected or intended from the standpoint of the insured.

This exclusion applies even if the “pollutant”, organic pathogen”, “silica”, asbestos or lead has a function in, or is used by you in your business, operations, premises, site or location.

This exclusion does not apply to “bodily injury” or “property damage” arising from the consumption of food products intended for human consumption.

“Pollutants” means any solid, liquid, gaseous or thermal irritant or contaminant, including but not limited to smoke, vapor, soot, fumes, acids, alkalis, chemicals, toxic materials, “volatile organic compound” and gases therefrom, radon, combustion byproducts and “waste.”

“Silica” means silica in any form and any of its derivatives, including but not limited to silica dust, silicon dioxide, crystalline silica, quartz, or non-crystalline (amorphous) silica.

“Volatile organic compound” means any compound which discharges organic gases as it decomposes or evaporates, examples of which include but are not limited to formaldehyde, pesticides, adhesives, construction materials made with organic chemicals, solvents, paint, varnish and cleaning products.

“Waste” means any property intended to be disposed, recycled, reused or reclaimed by the owner or user thereof.

“Organic pathogen” means any organic irritant or contaminant, including but not limited to mold, fungus, bacteria or virus, including but not limited to their byproduct such as mycotoxin, mildew, or biogenic aerosol.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

SERFF Tracking Number: WESA-125384771 *State:* Arkansas
Filing Company: United States Liability Insurance Company *State Tracking Number:* #26179 \$50
Company Tracking Number: MULTI-CX-07-51
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0022 Other
Product Name: Professional Office Package
Project Name/Number: Professional Office Package Form Addendum Submission/MULTI-CX-07-51

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125384771 State: Arkansas
Filing Company: United States Liability Insurance Company State Tracking Number: #26179 \$50
Company Tracking Number: MULTI-CX-07-51
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0022 Other
Product Name: Professional Office Package
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 01/23/2008

Comments:

Attached is the AR transmittal.

Attachment:

AR Trans.pdf

Satisfied -Name: Letter of Authorization **Review Status:** Approved 01/23/2008

Comments:

The Letter of Authorization is attached

Attachment:

Westmont Authorization Letter.pdf

Satisfied -Name: Side by Side Comparison **Review Status:** Approved 01/23/2008

Comments:

Attached is a mocked version of the form show the revisions and deletions.

Attachment:

BP 49 _11-07_vs BP 49 08-04.pdf

Satisfied -Name: AR Cover **Review Status:** Approved 01/23/2008

Comments:

Attached is the AR cover.

Attachment:

AR Cover Letter.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	

3.	Group Name	Group NAIC #
	Berkshire Hathaway, Inc.	0031

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	United States Liability Insurance Company	PA	25895	23-1383313

5.	Company Tracking Number	MULTI-CX-07-51
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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
	Wesley Pohler Westmont Associates, Inc.	AVP	(321) 613-2086	(856) 216-0220	wes@westmontlaw.com
	25 Chestnut Street, Suite 105 Haddonfield, NJ 08033				

7.	Signature of authorized filer	Wesley Pohler
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8.	Please print name of authorized filer	Wesley Pohler
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Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI),	Please select from the drop down list. 17.0 Other Liability
10.	Sub-Type of Insurance (Sub-TOI)	17.0022 - Other
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	n/a
12.	Company Program Title (marketing title)	Professional Office Package
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: <input type="checkbox"/> Upon earliest approval Renewal: <input type="checkbox"/> Upon earliest approval
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	n/a
17.	Reference Organization # & Title	n/a
18.	Company's Date of Filing	12/12/2007
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 #	MULTI-CX-07-51
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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]
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Submission of revised version of form BP-49.

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]
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Check #:

Amount:

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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.)**

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 #	MULTI-CX-07-51			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	N/a - form only			
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	Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos, and Lead	BP-49 (11-07)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	BP-49 (8/04)	
02			<input type="checkbox"/> New <input checked="" 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



UNITED STATES LIABILITY INSURANCE GROUP

A BERKSHIRE HATHAWAY COMPANY

190 South Warner Road, P.O. Box 6700, Wayne, PA 19087-4391
610.688.2535 888.523.5545 Fax 610.688.4391

May 30, 2007

RE: United States Liability Ins Company: NAIC #0031-25895 FEIN#23-1383313
Mount Vernon Fire Insurance Company NAIC #0031-26522 FEIN#23-1575334
U.S. Underwriters Insurance Company NAIC #0031-35416 FEIN#23-2049904

Dear Sir or Madam,

In accordance with the applicable statutes and regulations of your state, Nancy Stepanski and Westmont Associates, Inc. is hereby authorized to file form, rate and rule filings on behalf of the above captioned companies.

Sincerely,

Mark Miller
State Filings Manager
United States Liability Insurance Group
190 South Warner Road
Wayne, PA 19087-2191

1.888.523.5545 X586
Fax: 610.688.4391
mmiller@usli.com

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This ~~Endorsement~~endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

**ABSOLUTE EXCLUSION FOR
POLLUTION, ORGANIC PATHOGEN, SILICA, ASBESTOS AND LEAD**

SECTION II – LIABILITY; B. Exclusions; 1 Applicable to Business Liability; f. Pollution is deleted in its entirety and replaced with the following:

~~f. Pollution;~~**f. Pollution, Organic Pathogen, Silica, Asbestos and Lead.**

- ~~1.(1)~~ **(1)** “Bodily injury”, “property damage”, or “personal and advertising injury”; or
- ~~2.(2)~~ **(2)** Diminishing or lessening in value of property or for damages from the taking, use or acquisition or interference with the rights of others in property or air space; or
- ~~3.(3)~~ **(3)** Loss, cost or expense, including but not limited to payment for investigation or defense, fines and penalties, arising out of any governmental or any private party action, that an insured or any other party test for, monitor, clean up, remove, contain, mitigate, treat, detoxify or neutralize or in any way respond to or assess the actual or alleged effects of “pollutants”, “organic pathogens”, “silica”, asbestos, or lead;

arising directly, indirectly, or in concurrence or in any sequence out of actual, alleged or threatened presence of or exposure to, ingestion, inhalation, absorption, contact with discharge, dispersal, seepage, release or escape of “pollutants”, “organic pathogens”, “silica”, asbestos, or lead, whether or not any of the foregoing are (1) sudden, accidental or gradual in nature; (2) intentional; or (3) expected or intended from the standpoint of the insured.

This exclusion applies even if the “pollutant”, “organic pathogen”, “silica”, asbestos or lead has a function in, or is used by you in your business, operations, premises, site or location.

This exclusion does not apply to “bodily injury” or “property damage” arising from the consumption of food products intended for human consumption.

“Pollutants” means any solid, liquid, gaseous or thermal irritant or contaminant, including but not limited to smoke, vapor, soot, fumes, acids, alkalis, chemicals, toxic materials, “volatile organic compound” and gases therefrom, radon, combustion byproducts and “waste.”

“Silica” means silica in any form and any of its derivatives, including but not limited to silica dust, silicon dioxide, crystalline silica, quartz, or non-crystalline (amorphous) silica.

“Volatile organic compound” means any compound which discharges organic gases as it decomposes or evaporates, examples of which include but are not limited to formaldehyde, pesticides, adhesives, construction materials made with organic chemicals, solvents, paint, varnish and cleaning products.

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“Organic pathogen” means any organic irritant or contaminant, including but not limited to mold, fungus, bacteria or virus, including but not limited to their byproduct such as mycotoxin, mildew, or biogenic aerosol.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

December 13, 2007

The Honorable Julie Benafield-Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

Attn: Property and Casualty Division

**RE: United States Liability Insurance Company/NAIC #25895
Professional Office Package Filing
Form Addendum Submission
Company Filing #: MULTI-CX-07-51
Effective Date: Upon Earliest Possible Approval or Acknowledgement**

Dear Commissioner Benafield-Bowman:

Enclosed you will find a form addendum submission for the Company's Professional Office Package product. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

The Company is filing an updated version of form BP-49, Absolute Exclusion for Pollution Organic Pathogen, Silica, Asbestos, and Lead, for your review and approval. Please find attached the (11-07) edition of the endorsement for your review. The Company is revising the form by adding a provision to provide coverage for bodily injury or property damage arising from the consumption of food products intended for human consumption. Attached is a mocked up version of the (8/04) edition of the form which shows the revisions.

Please be advised that there are no rate changes or changes to the underwriting guides associated with this filing.

Your approval and/or acknowledgement of this submission is respectfully requested, with this filing being implemented within 30 days from receipt of your approval.

Respectfully submitted,

Wesley Pohler

Wesley Pohler
Assistant Vice President
wes@westmontlaw.com

Enclosures

cc: N. Stepanski
M. Miller