

SERFF Tracking Number: WESA-125427675 State: Arkansas
Filing Company: Tokio Marine & Nichido Fire Insurance Co., Ltd. State Tracking Number: #26453 \$100
Company Tracking Number: 07-AR-3-GL-37-1
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Premier Hotel RPG Program
Project Name/Number: Premier Hotel RPG Program/07-AR-3-GL-37-1

Filing at a Glance

Company: Tokio Marine & Nichido Fire Insurance Co., Ltd.

Product Name: Premier Hotel RPG Program SERFF Tr Num: WESA-125427675 State: Arkansas

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #26453 \$100

Made/Occurrence

Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations Co Tr Num: 07-AR-3-GL-37-1 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Westmont Associates Disposition Date: 01/23/2008

Date Submitted: 01/11/2008 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: Premier Hotel RPG Program

Project Number: 07-AR-3-GL-37-1

Reference Organization:

Reference Title:

Filing Status Changed: 01/23/2008

State Status Changed: 01/23/2008

Corresponding Filing Tracking Number: 07-AR-4-GL-38-1

Filing Description:

Submission of new and revised forms for Company's Premier Hotel RPG program.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

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

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Sherri Nierzwicki, Analyst sherri@westmontlaw.com
25 Chestnut Street (856) 216-0220 [Phone]
Haddonfield, NJ 08033 (856) 216-0303[FAX]

Filing Company Information

Tokio Marine & Nichido Fire Insurance Co., Ltd. CoCode: 12904 State of Domicile: New York
230 Park Avenue Group Code: 3098 Company Type:
New York, NY 10169 Group Name: State ID Number:
(212) 297-6600 ext. [Phone] FEIN Number: 13-6108722

SERFF Tracking Number: WESA-125427675 State: Arkansas
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Project Name/Number: Premier Hotel RPG Program/07-AR-3-GL-37-1

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Tokio Marine & Nichido Fire Insurance Co., Ltd.	\$0.00	01/11/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
26452	\$50.00	01/09/2008

SERFF Tracking Number: WESA-125427675 State: Arkansas
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Product Name: Premier Hotel RPG Program
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Correspondence Summary

Dispositions

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

SERFF Tracking Number: WESA-125427675 State: Arkansas
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Product Name: Premier Hotel RPG Program
Project Name/Number: Premier Hotel RPG Program/07-AR-3-GL-37-1

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-125427675 State: Arkansas
 Filing Company: Tokio Marine & Nichido Fire Insurance Co., Ltd. State Tracking Number: #26453 \$100
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	Explanatory Memos	Approved	Yes
Form	Hotel Program Common Policy Declarations	Approved	Yes
Form	In Witness Page	Approved	Yes
Form	Schedule of Named Insureds	Approved	Yes
Form	Schedule of Taxes, Surcharges, Assessment or Fees	Approved	Yes
Form	Schedule of Forms and Endorsements	Approved	Yes
Form	Schedule of Locations	Approved	Yes
Form	Schedule of Installments	Approved	Yes
Form	Policy Changes Endorsement	Approved	Yes
Form	General Liability Supplemental Declarations	Approved	Yes
Form	Commercial General Liability Schedule	Approved	Yes
Form	Commercial General Liability Changes	Approved	Yes
Form	Liquor Liability Supplemental Declarations	Approved	Yes
Form	Liquor Liability Schedule	Approved	Yes
Form	Liquor Liability Changes	Approved	Yes
Form	Premier Hotel RPG GL Retention Endorsement	Approved	Yes
Form	Premier Hotel Risk Purchasing Group General Liability Extended Coverage Endorsement	Approved	Yes
Form	Composite Rate Endorsement	Approved	Yes

SERFF Tracking Number: WESA-125427675 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Hotel Program Common Policy Declarations	HT9 05 003 02 08	02/08	Declaration Replaced s/Schedule	Replaced Form #:0.00 HP9 05 001 Previous Filing #:		HT9 05 003 02 08 HOTEL PROGRAM COMMON DEC.pdf
Approved	In Witness Page	IL9 05 002 02 08	02/08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 IL9 05 002 Previous Filing #:		IL9 05 002 02 08 IN WITNESS.pdf
Approved	Schedule of Named Insureds	IL9 05 004 02 08	02/08	Declaration Replaced s/Schedule	Replaced Form #:0.00 IL9 05 010 Previous Filing #:		IL9 05 004 02 08 SCH OF NAMED INS.pdf
Approved	Schedule of Taxes, Surcharges, Assessment or Fees	IL9 05 005 02 08	02/08	Declaration Replaced s/Schedule	Replaced Form #:0.00 IL9 05 005 Previous Filing #:		IL9 05 005 02 08 SCH OF TAXES.pdf
Approved	Schedule of Forms and Endorsements	IL9 05 006 02 08	02/08	Declaration Replaced s/Schedule	Replaced Form #:0.00 IL9 05 006 Previous Filing #:		IL9 05 006 02 08 SCH OF FORMS AND ENDTS.pdf
Approved	Schedule of Locations	IL9 05 008 02 08	02/08	Declaration Replaced s/Schedule	Replaced Form #:0.00 IL9 05 008 Previous Filing #:		IL9 05 008 02 08 SCH OF LOCATIONS .pdf
Approved	Schedule of Installments	IL9 05 011 02 08	02/08	Declaration Replaced s/Schedule	Replaced Form #:0.00 IL9 05 011 Previous Filing #:		IL9 05 011 02 08 SCH OF INSTALLME

SERFF Tracking Number: WESA-125427675 State: Arkansas
 Filing Company: Tokio Marine & Nichido Fire Insurance Co., Ltd. State Tracking Number: #26453 \$100
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 Product Name: Premier Hotel RPG Program
 Project Name/Number: Premier Hotel RPG Program/07-AR-3-GL-37-1

Approval	Policy Changes	IL9 12 00302/08	Endorsement/Amendment/Conditions	Replaced Form #:	0.00	IL9 12 003 02 08 POLICY CHANGES ENDT.pdf
Approved	Policy Changes	IL9 12 00302/08	Endorsement/Amendment/Conditions	Replaced Form #:	0.00	IL9 12 003 02 08 POLICY CHANGES ENDT.pdf
Approved	General Liability Supplemental Declarations	GL9 05 001 02/08	Declarations/Schedule	Replaced Form #:	0.00	GL9 05 001 02 08 CGL DEC.pdf
Approved	Commercial General Liability Schedule	GL9 05 002 02/08	Declarations/Schedule	Replaced Form #:	0.00	GL9 05 002 02 08 CGL SCH.pdf
Approved	Commercial General Liability Changes	GL9 05 003 02/08	Declarations/Schedule	Replaced Form #:	0.00	GL9 05 003 02 08 CGL CHANGES.pdf
Approved	Liquor Liability Supplemental Declarations	GL9 05 004 02/08	Declarations/Schedule	Replaced Form #:	0.00	GL9 05 004 02 08 LIQ LIAB DEC.pdf
Approved	Liquor Liability Schedule	GL9 05 007 02/08	Declarations/Schedule	Replaced Form #:	0.00	GL9 05 007 02 08 LIQ SCH.pdf
Approved	Liquor Liability Changes	GL9 05 008 02/08	Declarations/Schedule	Replaced Form #:	0.00	GL9 05 008 02 08 LIQ CHANGES.pdf
Approved	Premier Hotel RPG GL Retention Endorsement	GL9 03 001 02/08	Declarations/Schedule	New	0.00	GL9 03 001 02 08 Hotel GL Retention.pdf
Approved	Premier Hotel Risk Purchasing Group General Liability Extended Coverage Endorsement	GL9 04 015 02/08	Declarations/Schedule	Replaced Form #:	0.00	GL9 04 015.pdf GL 9 04 015 - Showing Changes.pdf

SERFF Tracking Number: WESA-125427675 State: Arkansas
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Approved	Composite Rate	GL9 07	01/05	Endorseme New	0.00	Final GL9 07
	Endorsement	003 01 05		nt/Amendm		003 01 05 -
				ent/Condi		Composite
				ons		Rate
						Endorsemen
						t.pdf

TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)
 230 Park Avenue, New York, NY 10169
 (212) 297-6600
 A New York Stock Company



TOKIO MARINE MANAGEMENT, INC. UNITED STATES MANAGER

HOTEL PROGRAM COMMON POLICY DECLARATIONS

POLICY NUMBER:
 PRIOR POLICY NUMBER:

NAMED INSURED AND MAILING ADDRESS	PRODUCER NAME AND MAILING ADDRESS
CUSTOMER #:	PRODUCER CODE: PRODUCER CONTACT (IF ANY):

DESCRIPTION OF BUSINESS
FORM OF BUSINESS: BUSINESS DESCRIPTION:

POLICY PERIOD
POLICY PERIOD FROM: _____ TO: _____ at 12:01 a.m. standard time at your mailing address

FORMS AND ENDORSEMENTS
Forms and Endorsements attached to this policy: See SCHEDULE OF FORMS AND ENDORSEMENTS

STAMPS (if applicable)



HOTEL PROGRAM COMMON POLICY DECLARATIONS
 (continued)

POLICY NUMBER:

In return for the payment of the premium, and subject to all the terms of the policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. This premium, along with any taxes, surcharges, assessments or fees* may be subject to audit.

COVERAGE PART(S)	PREMIUM
	\$
TOTAL ADVANCE COVERAGE PART PREMIUM	\$
TOTAL ADVANCE TAXES, SURCHARGES, ASSESSMENTS OR FEES* (if applicable)	\$
TOTAL PREMIUM	\$

PREMIUM SHOWN IS PAYABLE:

*NY: reference to surcharges, assessments or fees does not apply.

Countersigned : _____ (Date)	By: _____ (Authorized Representative)
Servicing / Issuing Office: _____	

THESE COMMON POLICY DECLARATIONS AND THE SUPPLEMENTAL DECLARATIONS, WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), FORMS AND ENDORSEMENTS COMPLETE THIS POLICY.

TOKIO MARINE & NICHIDO FIRE INSURANCE CO., LTD. (U.S. BRANCH)
230 PARK AVENUE, NEW YORK, NY 10169
(212) 297-6600
A New York Stock Company



This policy has been executed for the Company by its President and witnessed by its Secretary. However, this policy shall not be valid unless the Policy Declarations is countersigned by our authorized representative.

Secretary

President



SCHEDULE OF NAMED INSUREDS

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE:

12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

Empty box for listing named insureds.



SCHEDULE OF TAXES, SURCHARGES, ASSESSMENTS OR FEES*

POLICY NUMBER:	
NAMED INSURED:	
PRODUCER NAME:	PRODUCER CODE:
EFFECTIVE DATE:	12:01 a.m. standard time at your mailing address shown in the Policy Declarations

STATE	LINE	DESCRIPTION	AMOUNT
			\$

*NY: Reference to surcharges, assessments or fees does not apply



SCHEDULE OF FORMS AND ENDORSEMENTS

POLICY NUMBER:	
NAMED INSURED:	
PRODUCER NAME:	PRODUCER CODE:
EFFECTIVE DATE:	12:01 a.m. standard time at your mailing address shown in the Policy Declarations

COVERAGE PART:			
FORM NUMBER	EDITION	DESCRIPTION	APPLICABLE STATES



SCHEDULE OF LOCATIONS

POLICY NUMBER:	
NAMED INSURED:	
PRODUCER NAME:	PRODUCER CODE:
EFFECTIVE DATE:	12:01 a.m. standard time at your mailing address shown in the Policy Declarations

Location Number	Building Number	Location Address (Street address, City, State, Zip Code)	Occupancy



SCHEDULE OF INSTALLMENTS

POLICY NUMBER:	
NAMED INSURED:	
PRODUCER NAME:	PRODUCER CODE:
EFFECTIVE DATE:	12:01 a.m. standard time at your mailing address shown in the Policy Declarations

This policy is written on an installment payment option that you agreed to. Your premium is due and payable as shown in the SCHEDULE below. Taxes, surcharges, assessments or fees* are payable in full with the first installment.

SCHEDULE

DATE DUE	PREMIUM DUE	TAXES, SURCHARGES, ASSESSMENTS OR FEES* DUE	TOTAL INSTALLMENT PREMIUM DUE
	\$	\$	\$
TOTALS	\$	\$	\$

*NY: Reference to surcharges, assessments or fees does not apply.



POLICY CHANGES ENDORSEMENT

POLICY NUMBER:

ENDORSEMENT NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE OF CHANGE:

at 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

This endorsement will not be used to decrease coverage, increase rates or deductibles or alter any terms or conditions of coverage unless at the request of the insured or as permitted by state regulations.

COVERAGE PART(S) AFFECTED BY THIS POLICY CHANGES ENDORSEMENT

Item(s) changed (See Policy Changes Description section for details):

<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 Insurance

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

No changes To be adjusted at audit Additional \$ Return \$

The above amendments result in a change in the taxes, surcharges, assessments or fees* (if applicable) as follows:

No changes To be adjusted at audit Additional \$ Return \$

Countersigned

: _____
(Date)

By: _____
(Authorized Representative)

*NY: reference to surcharges, assessments or fees does not apply.

POLICY CHANGES DESCRIPTION

Empty rectangular area for policy change descriptions.



**COMMERCIAL GENERAL LIABILITY
SUPPLEMENTAL DECLARATIONS**

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

**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.**

LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT	\$	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$	Any one premises
MEDICAL EXPENSE LIMIT	\$	Any one person
PERSONAL & ADVERTISING INJURY LIMIT	\$	Any one person or organization
GENERAL AGGREGATE LIMIT	\$	
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$	

STAMPS (if applicable)

**THESE SUPPLEMENTARY DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS,
COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**COMMERCIAL GENERAL LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

ALL PREMISES YOU OWN, RENT OR OCCUPY

Location of all premises you own rent or occupy: See **SCHEDULE OF LOCATIONS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **COMMERCIAL GENERAL LIABILITY SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

**THESE SUPPLEMENTARY DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS,
COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.**

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COMMERCIAL GENERAL LIABILITY SCHEDULE

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

CLASSIFICATIONS AND PREMIUMS									
ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS				
CLASSIFICATION:					Exposure	Rate	Advance Premium		
					PRODUCTS/COMPLETED OPERATIONS				
					Exposure	Rate	Advance Premium		
ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS				
CLASSIFICATION:					Exposure	Rate	Advance Premium		
					PRODUCTS/COMPLETED OPERATIONS				
					Exposure	Rate	Advance Premium		
ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS				
CLASSIFICATION:					Exposure	Rate	Advance Premium		
					PRODUCTS/COMPLETED OPERATIONS				
					Exposure	Rate	Advance Premium		
ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS				
CLASSIFICATION:					Exposure	Rate	Advance Premium		
					PRODUCTS/COMPLETED OPERATIONS				
					Exposure	Rate	Advance Premium		



COMMERCIAL GENERAL LIABILITY CHANGES

POLICY NUMBER:

ENDORSEMENT NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE OF CHANGE: at 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

CLASSIFICATIONS AND PREMIUMS

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS		
CLASSIFICATION:					Exposure	Rate	Advance Premium
					PRODUCTS/COMPLETED OPERATIONS		

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS		
CLASSIFICATION:					Exposure	Rate	Advance Premium
					PRODUCTS/COMPLETED OPERATIONS		

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS		
CLASSIFICATION:					Exposure	Rate	Advance Premium
					PRODUCTS/COMPLETED OPERATIONS		

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	PREMISES OPERATIONS		
CLASSIFICATION:					Exposure	Rate	Advance Premium
					PRODUCTS/COMPLETED OPERATIONS		



**LIQUOR LIABILITY
SUPPLEMENTAL DECLARATIONS**

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

BUSINESS DESCRIPTION:

**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.**

LIMITS OF INSURANCE

EACH COMMON CAUSE LIMIT

\$

AGGREGATE LIMIT

\$

STAMPS (if applicable)

**THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON
POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.**



**LIQUOR LIABILITY
SUPPLEMENTAL DECLARATIONS
(continued)**

POLICY NUMBER:

FORMS AND ENDORSEMENTS

Forms and Endorsements attached to this policy: See **SCHEDULE OF FORMS AND ENDORSEMENTS**

LOCATION OF COVERED OPERATIONS

Location of all premises you own rent or occupy: See **SCHEDULE OF LOCATIONS**

CLASSIFICATIONS AND PREMIUMS

Classifications and premiums: See **LIQUOR LIABILITY SCHEDULE**

PREMIUM

TOTAL ADVANCE PREMIUM: \$

PREMIUM SHOWN IS PAYABLE:

AUDIT PERIOD

AUDIT PERIOD (if applicable):

THESE SUPPLEMENTAL DECLARATIONS, TOGETHER WITH THE COMMON POLICY DECLARATIONS, COMMON POLICY CONDITIONS AND COVERAGE FORMS AND ENDORSEMENTS, COMPLETE THIS POLICY.



LIQUOR LIABILITY SCHEDULE

POLICY NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE:

at 12:01 a.m. standard time at your mailing address shown in the Policy
Declarations

CLASSIFICATIONS AND PREMIUMS							
ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:							
ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:							
ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:							
ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:							
ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:							
ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
CLASSIFICATION:							
ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM

CLASSIFICATION:



LIQUOR LIABILITY CHANGES

POLICY NUMBER:

ENDORSEMENT NUMBER:

NAMED INSURED:

PRODUCER NAME:

PRODUCER CODE:

EFFECTIVE DATE OF CHANGE: at 12:01 a.m. standard time at your mailing address shown in the Policy Declarations

CLASSIFICATIONS AND PREMIUMS

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
----	-----	------	------	--------------	----------	------	-----------------

CLASSIFICATION:

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
----	-----	------	------	--------------	----------	------	-----------------

CLASSIFICATION:

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
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CLASSIFICATION:

THIS INFORMATION IS:

ST	LOC	BLDG	CODE	PREMIUM BASE	EXPOSURE	RATE	ADVANCE PREMIUM
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CLASSIFICATION:

This endorsement changes policy _____ to which it is attached and is effective _____
at 12:01 a.m. standard time at your mailing address shown in the Policy Declarations.

Issued to:

Issued by:

Producer:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PREMIER HOTEL RISK PURCHASING GROUP COMMERCIAL GENERAL LIABILITY RETENTION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

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

SCHEDULE

Liability Retention:	\$	Per "Occurrence"
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(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

LIABILITY COVERAGE is changed as follows:

1. Liability Coverage Retention

The damages caused in any one "occurrence" or because of "personal and advertising injury" and any "claims expense" that would otherwise be payable will be reduced by the Liability Retention shown in the Schedule prior to the application of the LIMIT OF INSURANCE provisions.

We shall have the right but not the duty to participate with you at our own expense in the defense or settlement of any claim or "suit" seeking damage covered under this policy. In the event of a claim or "suit" which in our reasonable judgment may result in payments, including supplementary payments, in an amount in excess of the retention amount, we may assume control of the defense or settlement of such claim or "suit". You will continue to be responsible for the payment of the retention amount.

In the event there is any other insurance, whether or not collectible, applicable to an "occurrence", claim or "suit" within the retention amount, you will continue to be responsible for the full retention amount before the limits of insurance under this policy apply.

2. Our Right to Reimbursement

To settle any claim or "suit" we may pay all or any part of the Retention shown in the Schedule. You must reimburse us for the Retention or the part of the Retention we may pay.

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Your bankruptcy, insolvency or inability to pay the retention amounts shall not increase our obligations under this policy.

3. Reporting

In addition to any duties in the event of "occurrence", claim or "suit" stated elsewhere in the policy, you must notify us in writing as soon as practicable but not later than 60 days after you receive notice, of any "occurrence", claim or "suit" involving:

- a. a fatality;
- b. dismemberment or amputation;
- c. Paraplegia or quadriplegia;
- d. loss or impairment of eyesight or hearing; or
- e. any loss which your reasonable judgment, taking into account past or anticipated supplementary payments in connection with the loss, may result in payments equal to or exceeding 50% of the retention amount.

On quarterly basis, you or your loss adjusting representative must provide us with a written summary of all "occurrences", claims or "suits" which have or may result in payments within the retention amount. This written summary must show:

- a. the date of the "occurrence",
- b. the name(s) of the injured person(s) or identification of the damaged property;
- c. a description of the injury or damage; and
- d. the amount paid or set aside as a reserve, including "claims expense", resulting from the "occurrence", claim or "suit".

4. Additional Definitions

"Claims expense" means all supplementary payments included in SUPPLEMENTARY PAYMENTS – COVERAGE A AND B and the following fees, costs or expenses incurred by us or our designated claims service organization, that result directly from the investigation, defense or settlement of a specific claim or "suit":

- a. fees, costs or expenses of attorneys;
- b. court reporter fees;
- c. independent experts and special investigator's fees, costs or expenses; or
- d. independent vendor's fees, costs or expenses.

"Claims expense" does not include:

- a. our expenses, including salaries, wages or traveling expenses of our employees, other than fees, costs or expenses incurred by attorneys employed by us in connection with a specific claim or "suit";
- b. our designated claims service organization's expenses, including salaries, wages, overhead or traveling expenses of their employees, other than fees, costs or expenses incurred in connection with a specific claim or "suit";
- c. adjuster's fees, other than those authorized by us or our designated claims service organization, paid to independent or public adjusters, investigators or attorneys for adjusting claims;
- d. coverage opinions;
- e. appeal expenses; or
- f. our recovery expense.

This endorsement changes policy _____ to which it is attached and is effective _____ at 12:01 a.m. standard time at the Insured's mailing address.

Issued to:
Issued by:
Producer:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PREMIER HOTEL RISK PURCHASING GROUP GENERAL LIABILITY EXTENDED COVERAGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

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

1. AUTOMATIC ADDITIONAL INSURED COVERAGE

WHO IS AN INSURED (Section II) is amended to include as an insured:

- a. Any person or organization, if you are required to do so under a written contract, agreement or permit, but only with respect to liability arising out of your operations, personal property leased by you, premises owned by or rented to you or premises temporarily occupied by you with permission of the owner.

However, the insurance provided by this paragraph for Automatic Additional Insureds does not apply to:

- (1) Any written contract or agreement that was executed subsequent to the "bodily injury", "property damage", "personal and advertising injury";
 - (2) Any permit that was issued subsequent to the "bodily injury", "property damage", "personal and advertising injury"; or
 - (3) Any written contract or agreement with a vendor for the distribution or sale of "your products".
- b. Any person using or legally responsible for the use of a golf cart that is loaned or rented to others by you or by any of your concessionaires but only for their liability arising out of the use of such golf carts.
 - c. Any person using with your permission or legally responsible for the use of a watercraft you own which is less than 55 feet long.
 - d. Any person using or legally responsible for the use of draft or saddle animals or vehicles for use with them, provided the use is by you or by others with your permission.

Additional insured coverage provided by this insurance will not be broader than coverage required by the written contract, agreement or permit.

2. BODILY INJURY TO CO-EMPLOYEE COVERAGE

Paragraph 2.a. (1) (a) of WHO IS AN INSURED (Section II) is amended by the addition of the following:

However, the exclusion for "bodily injury" only applies if the co-"employee" is entitled to benefits under any of the following: workers' compensation, unemployment compensation or disability benefits law, or any similar law.

Paragraph 2.a. (1) (b) of WHO IS AN INSURED (Section II) does not apply.

3. BROAD FORM NAMED INSURED COVERAGE

WHO IS AN INSURED (Section II) Paragraph 1 is amended to include as an insured:

- f. Any organization and subsidiary thereof which is a legal entity of which you own with a financial interest of more than 50% of the voting stock. However, this insurance does not apply to:
 - (1) "Bodily injury", "property damage", or "personal and advertising injury" with respect to which an insured under this Coverage Part is also an insured under another policy, or would be an insured under such policy but for its termination or the exhaustion of its limits of insurance;
 - (2) "Bodily injury" or "property damage" that occurred before you acquired or formed the organization;
 - (3) "Personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

The final paragraph of WHO IS AN INSURED (Section II) is replaced by the following:

You are an insured with respect to liability arising out of any current or past partnership or joint venture, but only with respect to your interest in such current or past partnership or joint venture. No other 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.

4. BROADENED DAMAGE TO RENTED PREMISES COVERAGE

- a. The last paragraph ("Exclusions **c.** through **n.** do not apply...") of Paragraph 2., of Exclusions under COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Section I – Coverages), is replaced by the following:

Exclusions **c.** through **n.** do not apply to damage to premises while rented to you or temporarily occupied by you with permission of the owner. A separate limit of insurance applies to this coverage as described in LIMITS OF INSURANCE (Section III).

- b. Paragraph b.(1)(a)(ii) of Condition 4. "Other Insurance" of CONDITIONS (Section IV) is replaced by the following:
 - (ii) That provides damage insurance for premises rented to you or temporarily occupied by you with permission of the owner;

5. BROADENED NEWLY ACQUIRED OR FORMED ORGANIZATIONS COVERAGE

Paragraph 3.a. of WHO IS AN INSURED (Section II) is replaced by the following:

- a. Coverage under this provision is afforded until the end of the policy period;

6. BROADENED NON-OWNED WATERCRAFT COVERAGE

- a. Subparagraphs (2)(a) and (b) of Exclusion g. "Aircraft, Auto or Watercraft" of COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY(Section I- Coverages) are replaced by the following:

(2) A watercraft you do not own that is:

(a) Less than 55 feet long; and

(b) Not being used to carry persons for a per person charge or property for a charge as freight;

- b. The insurance provided by this paragraph for Non-owned Watercraft does not apply if there is any other insurance available to the insured or would be available except for the exhaustion of its limits of insurance.

7. CHARTERED AIRCRAFT COVERAGE

The following is added to SECTION I – COVERAGES, COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Paragraph 2. Exclusions, subparagraph g. Aircraft, Auto or Watercraft:

This exclusion does not apply to:

"Bodily injury" or "property damage" arising out of the operation of an aircraft with crew that you reserve, book, arrange, or charter for your guests.

8. EARLIER NOTICE OF CANCELLATION PROVIDED BY US

For any statutorily permitted reason other than non-payment of premium, the number of days required for notice of cancellation, as provided in the CANCELLATION paragraphs of the COMMON POLICY CONDITIONS or as amended by an applicable state amendatory endorsement, is increased to 90 days.

9. HEALTH CARE SERVICES LIMITED COVERAGE

Paragraph 2.a. (1)(d) of WHO IS AN INSURED (Section II) is replaced with the following:

(d) Arising out of his or her providing or failing to provide "professional health care services".

The following definition is added to DEFINITIONS (Section V):

"Professional Health Care Services" means:

- a. Any dental, medical, mental, nursing, surgical, x-ray, chiropractic professional service, including any pharmacist, optometrist or ophthalmologist professional service, and also including any advice, instruction, food or beverage provided with such service;
- b. The dispensing of drugs or medical or dental supplies and appliances; and
- c. The handling or treatment of corpses, including autopsies, organ donations, and other postmortem procedures.
- d. Covered classes specifically include: barbers, beauticians, manicurists, stylists, massage therapists, aerobic instructors, nutritionists and athletic instructors.

10. INCREASED LIMITS FOR BAIL BONDS AND REASONABLE EXPENSES

Paragraphs 1.b. and 1.d. of SUPPLEMENTARY PAYMENTS - COVERAGES A AND B (Section I - Coverages) are replaced by the following:

- b. Up to \$1,000 for the cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.
- d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$500 a day because of time off from work.

11. PERSONAL PROPERTY IN THE CARE, CUSTODY OR CONTROL OF THE NAMED INSURED COVERAGE

- a. SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions subparagraph j. Damage to Property (4) does not apply. Item 4 is hereby amended to include:
 - 1. An "occurrence" includes theft of a hotel guest's cash
 - 2. Tangible property includes cash.
 - 3. Cash includes currency coins or traveler's checks
 - 4. We will not pay more than \$25,000 for loss of a guest's cash in any one "occurrence".
- b. We will not pay more than \$25,000 per occurrence for loss of a hotel guest's "cash".
- c. "Cash" means currency, coins or travelers checks belonging to a hotel guest.

12. POLLUTION EXCLUSION EXCEPTION FOR HOTEL BUILDING EQUIPMENT AND PESTICIDE OR HERBICIDE APPLICATION COVERAGE

- a. Paragraphs (1)(a) and (1)(d) of Exclusion f. of COVERAGES, COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Section I) do not apply to "bodily injury" or "property damage" arising out of the discharge, dispersal, seepage, migration, release or escape of pollutants from chlorine equipment, refrigeration equipment, ventilation equipment, air conditioning equipment, or the escape, discharge, dispersal or release of substances from swimming pools or garages.

Paragraph (1)(d) of Exclusion f. of COVERAGES, COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Section I) does not apply if the storage, use and application of pesticides or herbicides meet all standards of any statute, ordinance, regulation or license requirement of any federal, state or local government which apply to the application of pesticides or herbicides.

13. POLLUTION - LIMITED EVENT COVERAGE

The following is added to Paragraph f.(1) of COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Section I – Coverages), 2. Exclusions:

This exclusion does not apply to:

"Bodily injury" or "property damage", arising out of a "limited pollution event" provided you notify us of the "limited pollution event" as soon as practicable but not more than thirty-one (31) days after its beginning.

But, we will consider all covered "bodily injury" and "property damage", that result from a "limited pollution event" to have happened or to have occurred at the time the "limited pollution event" begins, regardless of when such:

- a. "Bodily injury" or "property damage" actually happens; or
- b. Medical expenses are actually incurred.

The following definition is added to DEFINITIONS (Section V):

“Limited pollution event” pollution event” means a discharge, dispersal, release or escape of “pollutants” which:

- a. Begins during the policy period;
- b. Begins at an identified time; and
- c. Takes place at, on, in, or from an insured’s premises or insured’s work site, other than a waste site.

To be a “limited pollution event”, the discharge, dispersal, release or escape of ‘pollutants” need not be continuous. However, if the discharge, dispersal, release or escape is not continuous, then all discharges, dispersals, releases or escapes of the same “pollutants” from essentially the same source, considered together, must satisfy Provisions a. through c. of this definition to be considered a “limited pollution event”.

14. “PRODUCTS-COMPLETED OPERATIONS HAZARD” AMENDED DEFINITION

With respect to “bodily injury” or “property damage” arising out of “your products”, SECTION V – DEFINITIONS, 16. “products-completed operations hazard”, paragraph a. is replaced by the following:

16. “Products-completed operations hazard”:

- a. Includes all “bodily injury” and “property damage” that arises out of “your products” or “your work” if the “bodily injury” and “property damage” occurs after you have relinquished possession of those products.

15. RESULTING MENTAL ANGUISH AND EMOTIONAL DISTRESS COVERAGE

Definition 3. “Bodily injury” of DEFINITIONS (Section V) is replaced by the following:

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

16. UNINTENTIONAL ERRORS AND OMISSIONS

The following is added to Condition 6. “Representations” of COMMERCIAL GENERAL LIABILITY CONDITIONS (Section IV):

However, coverage afforded by this policy will not be adversely affected by any inadvertent error or omission made by you in describing your premises or operations for the purpose of obtaining this insurance.

It is a condition of this coverage that such inadvertent errors or omissions shall be reported and corrected when discovered. The policy premium will be adjusted accordingly to reflect the description of the premises or operations had no error or omission occurred.

This endorsement changes policy _____ to which it is attached and is effective at 12:01 a.m. standard time at the Insured's mailing address.

Issued to:
Issued by:
Producer:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PREMIER HOTEL PROGRAM RISK PURCHASING GROUP GENERAL LIABILITY EXTENDED COVERAGE 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.

1. AUTOMATIC ADDITIONAL INSURED COVERAGE

WHO IS AN INSURED (Section II) is amended to include as an insured:

- a.** Any person or organization, if you are required to do so under a written contract, agreement or permit, but only with respect to liability arising out of your operations, personal property leased by you, premises owned by or rented to you or premises temporarily occupied by you with permission of the owner.

However, the insurance provided by this paragraph for Automatic Additional Insureds does not apply to:

- (1)** Any written contract or agreement that was executed subsequent to the "bodily injury", "property damage" or "personal and advertising injury";
- (2)** Any permit that was issued subsequent to the "bodily injury", "property damage"; or "personal and advertising injury"; or
- (3)** Any written contract or agreement with a vendor for the distribution or sale of "your products".
- b.** Any person using or legally responsible for the use of a golf cart that is loaned or rented to others by you or by any of your concessionaires but only for their liability arising out of the use of such golf carts.
- c.** Any person using with your permission or legally responsible for the use of a watercraft you own which is less than 55 feet long.
- d.** Any person using or legally responsible for the use of draft or saddle animals or vehicles for use with them, provided the use is by you or by others with your permission.

Additional insured coverage provided by this insurance will not be broader than coverage required by the written contract, agreement or permit ".

2. BODILY INJURY TO CO-EMPLOYEE COVERAGE

Paragraph **2.a.(1)(a)** of WHO IS AN INSURED (Section II) are amended by the addition of the following:

However, the exclusion for “bodily injury” only applies if the co-“employee” is entitled to benefits under any of the following: workers' compensation, unemployment compensation or disability benefits law, or any similar law.

Paragraph **2.a.(1)(b)** of WHO IS AN INSURED (Section II) does not apply.

3. BROAD FORM NAMED INSURED COVERAGE

WHO IS AN INSURED (Section II)-is amended to include as an insured:

~~a.~~ **f.** Any organization and subsidiary thereof which is a legal entity of which you own with a financial interest of more than 50% of the voting stock. However, this insurance does not apply to:

- (1) "Bodily injury", "property damage", or "personal and advertising injury" with respect to which an insured under this Coverage Part is also an insured under another policy, or would be an insured under such policy but for its termination or the exhaustion of its limits of insurance;
- (2) "Bodily injury" or "property damage" that occurred before you acquired or formed the organization;
- (3) “Personal and advertising injury” arising out of an offense committed before you acquired or formed the organization.

~~b.~~ The final paragraph of WHO IS AN INSURED (Section II) is replaced by the following:

You are an insured with respect to liability arising out of any current or past partnership or joint venture, but only with respect to your interest in such current or past partnership or joint venture. No other 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.

4. BROADENED DAMAGE TO RENTED PREMISES COVERAGE

a. The last paragraph (“Exclusions **c.** through **n.** do not apply...”) of Paragraph **2.**, of Exclusions under COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Section I – Coverages) is replaced by the following:

Exclusions **c.** through **n.** do not apply to damage to premises while rented to you or temporarily occupied by you with permission of the owner. A separate limit of insurance applies to this coverage as described in LIMITS OF INSURANCE (Section III).

b. Paragraph **b.(1)(~~b~~) (ii)** of Condition **4.** “Other Insurance” of CONDITIONS (Section IV) is replaced by the following:

~~(b)~~ **(ii)** That provides damage insurance for premises rented to you or temporarily occupied by you with permission of the owner;

5. BROADENED NEWLY ACQUIRED OR FORMED ORGANIZATIONS COVERAGE

Paragraph 3.a. of WHO IS AN INSURED (Section II), is replaced by the following:

- a. Coverage under this provision is afforded until the end of the policy period;

6. BROADENED NON-OWNED WATERCRAFT COVERAGE

- a. ~~Paragraph (2)~~ Subparagraphs (2)(a) and (b) of Exclusion g. "Aircraft, Auto Or Watercraft" of COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Section I – Coverages), is replaced by the following:

(2) A watercraft you do not own that is:

- (a) Less than 55 feet long; and
- (b) Not being used to carry persons for a per person charge or property for a charge as freight;
- b. The insurance provided by this paragraph for Non-owned Watercraft does not apply if there is any other insurance available to the insured or would be available except for the exhaustion of its limits of insurance.

7. CHARTERED AIRCRAFT COVERAGE

~~The following is added to Exclusion g. "Aircraft, Auto Or Watercraft" of COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Section I – Coverages):~~

The following is added to SECTION I – COVERAGES, COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Paragraph 2. Exclusions, subparagraph g. Aircraft, Auto or Watercraft:

This exclusion does not apply to:

“Bodily injury” or “property damage” arising out of the operation of an aircraft with crew that you reserve, book, arrange, or charter for your guests.

8. EARLIER NOTICE OF CANCELLATION PROVIDED BY US

For any statutorily permitted reason other than non-payment of premium, the number of days required for notice of cancellation, as provided in the CANCELLATION paragraphs of the COMMON POLICY CONDITIONS or as amended by an applicable state amendatory endorsement, is increased to 90 days.

9. HEALTH CARE SERVICES LIMITED COVERAGE

Paragraph 2.a.(1)(d) of WHO IS AN INSURED (Section II) is replaced with the following:

- (d) Arising out of his or her providing or failing to provide “professional health care services”.

The following definition is added to DEFINITIONS (Section V):

“Professional Health Care Services” means:

- a. Any dental, medical, mental, nursing, surgical, x-ray, chiropractic professional service, including any pharmacist, optometrist or ophthalmologist professional service, and also including any advice, instruction, food or beverage provided with such service;
- b. The dispensing of drugs or medical or dental supplies and appliances; and
- c. The handling or treatment of corpses, including autopsies, organ donations, and other postmortem procedures.
- d. Covered classes specifically include: barbers, beauticians, manicurists, stylists, massage therapists, aerobic instructors, nutritionists and athletic instructors.

10. INCREASED LIMITS FOR BAIL BONDS AND REASONABLE EXPENSES

Paragraphs **1.b.** and **1.d.** of SUPPLEMENTARY PAYMENTS - COVERAGES A AND B (Section I - Coverages) are replaced by the following:

- b. Up to \$1,000 for the cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.
- d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or “suit”, including actual loss of earnings up to \$500 a day because of time off from work.

11. PERSONAL PROPERTY IN THE CARE, CUSTODY OR CONTROL OF THE NAMED INSURED COVERAGE

~~a. The following is added to paragraph (4) of exclusion j. of COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Section I – Coverages~~

~~b. However, this exclusion does not apply to the theft of a hotel guest’s cash, currency coins or traveler’s checks.~~

~~c. For the purposes of the coverage provided by this endorsement, the definition of "Property Damage" in the Definitions Section includes theft.~~

~~For the purposes of this insurance, cash, currency coins or traveler’s checks are tangible property.~~

~~d. The following is added to Paragraph 5. of LIMITS OF INSURANCE (Section III):~~

~~Subject to the Each Occurrence Limit, the most we will pay for "property damage" to property covered in Paragraph a. of this endorsement is \$25,000 per "occurrence".~~

a. SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions subparagraph j. Damage to Property (4) does not apply. Item 4 is hereby amended to include:

1. An “occurrence” includes theft of a hotel guest’s cash

2. Tangible property includes cash.

3. Cash includes currency coins or traveler’s checks

4. We will not pay more than \$25,000 for loss of a guest's cash in any one “occurrence”.

b. We will not pay more than \$25,000 per occurrence for loss of a hotel guest's “cash”.

c. “Cash” means currency, coins or travelers checks belonging to a hotel guest.

12. POLLUTION EXCLUSION EXCEPTION FOR HOTEL BUILDING EQUIPMENT AND PESTICIDE OR HERBICIDE APPLICATION COVERAGE

- a. Paragraphs (1)(a) and (1)(d) of Exclusion f. of COVERAGES, COVERAGE A. - BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Section I) do not apply to “bodily injury” or “property damage” arising out of the discharge, dispersal, seepage, migration, release or escape of pollutants from chlorine equipment, refrigeration equipment, ventilation equipment, air conditioning equipment, or the escape, discharge, dispersal or release of substances from swimming pools or garages.
- b. Paragraph (1)(d) of Exclusion f. of COVERAGES, COVERAGE A. - BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Section I) does not apply if the storage, use and application of pesticides or herbicides meet all standards of any statute, ordinance, regulation or license requirement of any federal, state or local government, [which apply to the application of pesticides or herbicides.](#)

13. POLLUTION - LIMITED EVENT COVERAGE

The following is added to Paragraph f.(1) of COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY-(Section I – Coverages):

This exclusion does not apply to:

“Bodily injury” or “property damage”, arising out of a “limited pollution event” provided your notified us of the “limited pollution event” as soon as practicable but no more than thirty-one (31) days after its beginning.

But we will consider all covered “bodily injury”-and “property damage”, that result from a “covered pollution event” to have happened or to have occurred at the time the “limited pollution event” begins, regardless of when such:

- a. “Bodily injury” or “property damage” actually happens; or
- b. Medical expenses are actually incurred.

The following definition is added to DEFINITIONS (Section V):

“Limited pollution event” means a discharge, dispersal, release or escape of “pollutants” which:

- a. Begins during the policy period;
- b. Begins at an identified time; and
- c. Takes place at, on, in, or from an insured’s premises or insured’s work site, other than a waste site.

To be a “limited pollution event”, the discharge, dispersal, release or escape of ‘pollutants’ need not be continuous. However, if the discharge, dispersal, release or escape is not continuous, then all discharges, dispersals, releases or escapes of the same “pollutants” from essentially the same source, considered together, must satisfy Provisions a. through c. of this definition to be considered a “limited pollution event”.

14. “PRODUCTS-COMPLETED OPERATIONS HAZARD” AMENDED DEFINITION

With respect to “bodily injury” or “property damage” arising out of “your products”, Paragraph a. in the definition of “products-completed operations hazard” in the Definitions Section is replaced by the following:

“Products-completed operations hazard”:

Includes all “bodily injury” and “property damage” that arises out of “your products” or “your work” if the “bodily injury” and “property damage” occurs after you have relinquished possession of those products or

15. RESULTING MENTAL ANGUISH AND EMOTIONAL DISTRESS COVERAGE

Definition 3. “Bodily injury” of DEFINITIONS (Section V) is replaced by the following:

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

16. UNINTENTIONAL ERRORS AND OMISSIONS

The following is added to Condition 6. “Representation” of CONDITIONS (Section V):

However, coverage afforded by this policy will not be adversely affected by any inadvertent error or omission made by you in describing your premises or operations for the purpose of obtaining this insurance.

It is a condition of this coverage that such inadvertent errors or omissions shall be reported and corrected when discovered. The policy premium will be adjusted accordingly to reflect the description of the premises or operations had no error or omission occurred.

COMMERICAL GENERAL LIABILITY

Policy No.:
Issued to:
Issued by:
Producer:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMPOSITE RATE ENDORSEMENT

This endorsement modifies insurance provided under the following:

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

We will compute all premiums for this Coverage Part in accordance with our rules and rates on a composite basis unless otherwise indicated in the Schedule.

The advanced premium shown in this Composite Rating Plan endorsement is a deposit only. We have determined this advance premium by multiplying the Composite Rate(s) for the premium and rate basis by the estimated exposure as indicated in the Schedule. At the end of the policy period, the earned premium will be determined by applying the composite rate(s) to the actual exposures as determined by audit.

The Composite Rate(s) shown below do not include any taxes, surcharges, or other assessments that we are required to collect on behalf of state and local governments or other organizations. Such charges will be shown separately on the "Schedule of Taxes, Surcharges or Fees", if applicable.

SCHEDULE

COMPOSITE GROUP #:
COMPOSITE GROUP DESCRIPTION:
COMPOSITE PREMIUM BASIS:
COMPOSITE RATE BASIS:

THIS COMPOSITE DOES NOT INCLUDE THESE COVERAGES OR EXPOSURES:

OTHER PROVISIONS:

COVERAGE	COMPOSITE RATE	ESTIMATED EXPOSURE	ADVANCE PREMIUM
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SERFF Tracking Number: WESA-125427675 *State:* Arkansas
Filing Company: Tokio Marine & Nichido Fire Insurance Co., Ltd. *State Tracking Number:* #26453 \$100
Company Tracking Number: 07-AR-3-GL-37-1
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0000 Other Liability Sub-TOI Combinations
Product Name: Premier Hotel RPG Program
Project Name/Number: Premier Hotel RPG Program/07-AR-3-GL-37-1

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125427675 State: Arkansas
Filing Company: Tokio Marine & Nichido Fire Insurance Co., Ltd.State Tracking Number: #26453 \$100
Company Tracking Number: 07-AR-3-GL-37-1
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Premier Hotel RPG Program
Project Name/Number: Premier Hotel RPG Program/07-AR-3-GL-37-1

Supporting Document Schedules

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

Comments:

Attachment:

AR NAIC - Forms.pdf

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

Comments:

Attachment:

AR - Forms.pdf

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

Comments:

Attachment:

TMNF.pdf

Satisfied -Name: Explanatory Memos **Review Status:** Approved 01/23/2008

Comments:

Attachments:

Explanatory Memo.pdf

GL9 04 015 Explanatory Memo.pdf

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

AR _____

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 #
	Millea Group	3098

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	Tokio Marine & Nichido Fire Insurance Company	NY	12904	13-6108722

5.	Company Tracking Number	07-AR-3-GL-37-1
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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
	Sherri Penn	Senior Analyst	(321) 613-2086	(856) 216-0303	sherri@westmontlaw.com
	25 Chestnut Stree, Suite 105, Haddonfield, NJ 08033				

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

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)	n/a		
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	n/a		
12.	Company Program Title (marketing title)	Premier Hotel Risk Purchasing Group Program		
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 2/15/08	Renewal:	2/15/08
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	1/10/08		
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 #	07-AR-3-GL-37-1
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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 new and revised forms for Company's Premier Hotel Risk Purchasing Group 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]
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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.)**

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 #	07-AR-3-GL-37-1
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	07-AR-4-GL-38-1

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Hotel Program Common Policy Declarations	HT9 05 003 02 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	In Witness Page	IL9 05 002 02 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Schedule of Named Insureds	IL9 05 004 02 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Schedule of Taxes, Surcharges, Assessments or Fees	IL9 05 005 02 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Schedule of Forms and Endorsements	IL9 05 006 02 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Schedule of Locations	IL9 05 008 02 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Schedule of Installments	IL9 05 011 02 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Policy Changes Endorsement	IL9 12 003 02 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	General Liability Supplemental Declarations	GL9 05 001 02 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Commercial General Liability Schedule	GL9 05 002 02 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

FORM FILING SCHEDULE

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1.	This filing transmittal is part of Company Tracking #	07-AR-3-GL-37-1			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	07-AR-4-GL-38-1			
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
11	Commercial General Liability Changes	GL9 05 003 02 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
12	Liquor Liability Supplemental Declarations	GL9 05 004 02 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
13	Liquor Liability Schedule	GL9 05 007 02 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
14	Liquor Liability Changes	GL9 05 008 02 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
15	Premier Hotel RPG GL Retention Endorsement	GL9 03 001 02 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
16	Premier Hotel Risk Purchasing Group General Liability Extended Coverage Endorsement	GL9 04 015 02 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
17	Composite Rate Endorsement	GL9 07 003 01 05	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
18			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
19			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
20			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1



WESTMONT ASSOCIATES, INC.

January 10, 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: Tokio Marine & Nichido Fire Insurance Co., Ltd. (U.S. Branch)
NAIC #: 3098-12904/FEIN #13-6108722
Premier Hotel Risk Purchasing Group Program
General Liability
Addenda to General Liability Forms
Company Filing Number: 07-AR-3-GL-37-1
Effective Date: Upon Earliest Approval/Acknowledgement

Dear Commissioner Benafield-Bowman:

The Company is filing for your approval the enclosed addenda submission to the General Liability portion of its Premier Hotel Risk Purchasing Group Programs. A letter authorizing Westmont Associates, Inc., to submit this filing on the Company's behalf is enclosed.

The Company wishes to introduce as well as revise various General Liability forms for the above-captioned purchasing group programs. The Company wishes to accomplish the following with this submission:

1. The Company is making cosmetic changes to their forms as well as withdrawing some others. Please see the attached explanatory memorandum for further detail
2. The Company is introducing new endorsements. Please see the attached explanatory memorandum for further detail.

Please note that the rating factors and rules associated with this filing have been filed under a separate cover letter as filing number 07-AR-4-GL-38-1.

Your early approval of this submission is respectfully requested. Enclosed please find a self-addressed stamped envelope for your convenience in returning the duplicate copy of this filing, evidencing your approval.

Respectfully Submitted,

Sherri Penn

Sherri Penn
Senior Analyst
sherri@westmontlaw.com

Enc.

Cc: P. Olson – Tokio
M. Nadler – Tokio
J. Coleman - Tokio



Tokio Marine Management, Inc.
U.S. Manager and/or Manager for
Tokio Marine & Nichido Fire
Insurance Co., Ltd. (U.S. Branch)
Trans Pacific Insurance Company
TM Casualty Insurance Company
TNUS Insurance Company

230 Park Avenue
New York, New York 10169
Phone: (212) 297-6600
Main Fax: (212) 297-6062
Claims Fax: (212) 297-6064

MILLEA GROUP

Re: Tokio Marine & Nichido Fire Insurance Co., Ltd. (U.S. Branch)
NAIC # 3098-12904
FEIN # 13-6108722
Letter of Authorization
Filing of Forms, Rates, and Rules

In accordance with applicable statutes and regulations of your state, Nancy Stepanski, Wesley Pohler, Jennifer Waldron, and Westmont Associates, Inc. are hereby authorized to file rates, rules, and forms on behalf of the Company.

Sincerely,

Pamela J. Olson
Vice President – Corporate Underwriting

PREMIER HOTEL RISK PURCHASING GROUP
GENERAL LIABILITY REPLACEMENT FILING - Arkansas
(Rates, Rules, Forms)
Explanatory Memorandum

Regarding our Premier Hotel Risk Purchasing Group we wish to revise as well as introduce various General Liability rules, forms and rating factors. We will incorporate these in an updated Manual. These are all the revisions we are filing to this program.

Upon approval we wish that the updated Manual replace the prior one filed.

RULES

Loss Free Credit

We are amending this rule and rating procedure. The “loss free” credit percentages are being amended to 5% (21 months) and 10% (33 months) respectively. Additional Rule A8. describes the rule and eligibility.

Schedule Rating

A schedule rating modification may be applied to the otherwise chargeable premium subject to a maximum credit or debit of 40% to reflect such characteristics of the risk that are not reflected in its experience. Please refer to Section I – Additional Rules, Additional Rule, A10. Schedule Rating, in the General Liability Manual.

Additional Premium Changes

General Rule 9., which pertains to additional premiums that can be waived, is being revised. Via an entry in Paragraph 9.B.1., no additional premium will be waived. Paragraph 9.B.2 is deleted.

Return Premium Changes

General Rule 10., which pertains to return premiums that can be waived, is being revised. Via an entry in Paragraph 10.B.1., no return premium will be waived. Paragraph 10.B.2 B is deleted.

Additional Interests

General Rule 16., which pertains to various additional insured endorsements, is being revised, as it contains “Refer To Company” language.

Description of CGL Coverage

General Rule 22., which pertains to the construction of a CGL policy, is being revised as the adoption of the 12/07 edition of the Commercial General Liability Coverage Form (CG 00 01) necessitates a changes in a mandatory endorsement. Form CG 00 67, Exclusion - Violation of Statutes That Govern E-Mails, is being withdrawn, as the wording is incorporated in the 12/07 edition of Form CG 00 01.

**PREMIER HOTEL RISK PURCHASING GROUP
GENERAL LIABILITY REPLACEMENT FILING - Arkansas
(Rates, Rules, Forms)
Explanatory Memorandum**

Description of Optional Forms

General Rule 36., which pertains to various optional endorsements, is being revised as it contains “refer To Company” language.

FORMS:

Premier Hotel Risk Purchasing Group Common Policy Declarations

The former number and title of Form HP9 05 001, Hotel Program Common Declarations, is being re-numbered and re-named as HT9 05 003, Hotel Program Common Policy Declarations. The changes are cosmetic only. This form is not being revised but we had to change the “HP” prefix to “HT” due to a conflict because the “HP” prefix was already in use for other Company forms.

Premier Hotel Risk Purchasing Group General Liability Extended Endorsement

The former title of Form GL9 04 015, Hotel Program General Liability Extended, is being re-named Premier Hotel Risk Purchasing Group General Liability Extended Endorsement and is being revised. A separate explanatory memorandum is provided elsewhere in this filing.

Schedule of Named Insureds

IL9 05 010, Named Insured Certificate is being withdrawn in favor of IL9 05 004, Schedule of Named Insureds.

In Witness Page

IL9 05 002, In Witness Page, is not being revised. The changes are cosmetic only.

Schedule of Taxes, Surcharges, Assessment or Fees

IL9 05 005, Schedule of Taxes, Surcharges, Assessment or Fees, is not being revised. The changes are cosmetic only.

Schedule of Forms and Endorsements

IL9 05 006, Schedule of Forms and Endorsements, is not being revised. The changes are cosmetic only.

Schedule of Locations

IL9 05 008, Schedule of Locations, is not being revised. The changes are cosmetic only.

Schedule of Installments

IL9 05 011, Schedule of Installments, is not being revised. The changes are cosmetic only.

Policy Changes Endorsement

IL9 12 003, Policy Changes Endorsement, is not being revised. The changes are cosmetic only.

PREMIER HOTEL RISK PURCHASING GROUP
GENERAL LIABILITY REPLACEMENT FILING - Arkansas
(Rates, Rules, Forms)
Explanatory Memorandum

General Liability Supplemental Declarations

GL9 05 001, General Liability Supplemental Declarations, is not being revised. The changes are cosmetic only.

General Liability Schedule

GL9 05 002, General Liability Schedule, is not being revised. The changes are cosmetic only.

Schedule of General Liability Changes

GL9 05 003, Schedule of General Liability Changes is not being revised. The changes are cosmetic only.

Liquor Liability Supplemental Declarations

GL9 05 004, Liquor Liability Supplemental Declarations, is not being revised. The changes are cosmetic only.

Liquor Liability Schedule

GL9 05 007, Liquor Liability Schedule, is not being revised. The changes are cosmetic only.

Schedule of Liquor Liability Changes

GL9 05 008, Schedule of Liquor Liability Changes, is not being revised. The changes are cosmetic only.

Named Insured Certificate

GL9 05 006, Named Insured Certificate, is being withdrawn

General Liability Forms Revision

We are revising our General Liability Multistate Forms promulgated by the Insurance Services Office. We are providing a list and copy of all the Tokio Marine forms that apply to this program and a list ISO forms numbers.

UPDATED MANUAL

In conjunction with the coverage forms and endorsements, we wish to incorporate these Form and Rule changes into an updated Manual which is provided elsewhere in this filing.

**PREMIER HOTEL RISK PURCHASING GROUP
GENERAL LIABILITY REPLACEMENT FILING
GL9 04 015**

Explanatory Memorandum

We are revising our HOTEL PROGRAM GENERAL LIABILITY EXTENDED COVERAGE ENDORSEMENT.

Coverage Comparison: Via a separate enclosure, we will be providing a comparison of the two forms. New material will contain an underline and deleted material will contain a ~~strike-through~~.

Rate Impact: There is no rate impact. Both the current version and proposed version of the endorsement are added at no additional premium.

Explanation of Changes:

- A. We are changing the title of the endorsement from “Hotel Program General Liability Extended Coverage Endorsement” to “Premier Hotel Risk Purchasing Group General Liability Extended Coverage Endorsement”.
- B. We are changing the font of the entire document to improve the readability.
- C. We are making various editorial changes. The purposes of the changes are to increase readability and consistency throughout the endorsement.
 - 1. **Broad Form Named Insured Coverage**
 - (a) We are making an editorial change in the first and second paragraphs.
 - 2. **Broadened Damage To Rented Premises Coverage**
 - (a) We are making an editorial change in the second paragraph: Paragraph b.(1)(b) should read b.(1)(ii).
 - 3. **Broadened Non-owned Watercraft Coverage**
 - (a) We are making an editorial change in the second paragraph.
 - 4. **Chartered Aircraft Coverage**
 - (a) We are making an editorial change in the first paragraph to correct the reference of the CGL Coverage Form.
 - 5. **Health Care Services Limited Coverage**
 - (a) Specified covered classes have been added: barbers, beauticians, manicurists, stylists, massage therapists, aerobic instructors, nutritionists and athletic instructors.

**PREMIER HOTEL RISK PURCHASING GROUP
GENERAL LIABILITY REPLACEMENT FILING
GL9 04 015**

Explanatory Memorandum

- 6. Personal Property In The Care, Custody Or Control Of The Named Insured Coverage**
 - (a)** The current version of the endorsement contains a typographical error: the first paragraph is incomplete.
 - (b)** The wording is being changed to reflect the same wording in the 12/04 edition. We believe there is no material change in the coverage.

- 7. Pollution Exclusion Exception For Hotel Building Equipment And Pesticide Or Herbicide Application Coverage**
 - (a)** We are making an editorial change to improve the understanding and strengthen our intent.