

SERFF Tracking Number: ZURC-125439578 State: Arkansas  
First Filing Company: Fidelity and Deposit Company of Maryland, ... State Tracking Number: EFT \$50  
Company Tracking Number: CW GL 26945  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: Welding Health Hazard Exclusion  
Project Name/Number: /CW GL 26945

## Filing at a Glance

Companies: Fidelity and Deposit Company of Maryland, Zurich American Insurance Company of Illinois, Zurich American Insurance Company, Empire Indemnity Insurance Company, Assurance Company of America, Northern Insurance Company of New York, Maryland Casualty Company, American Zurich Insurance Company, American Guarantee and Liability Insurance Company, Colonial American Casualty & Surety Company

Product Name: Welding Health Hazard Exclusion SERFF Tr Num: ZURC-125439578 State: Arkansas

TOI: 17.0 Other Liability - Claims Made/Occurrence SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: CW GL 26945 State Status: Fees verified and received

Filing Type: Form Co Status: Not Applicable Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding  
Author: Karen Falbo Disposition Date: 01/23/2008  
Date Submitted: 01/18/2008 Disposition Status: Approved

Effective Date Requested (New): 03/01/2008 Effective Date (New):  
Effective Date Requested (Renewal): 03/01/2008 Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Pending  
Project Number: CW GL 26945 Domicile Status Comments: In process of countrywide filing

Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:

Filing Status Changed: 01/23/2008  
State Status Changed: 01/23/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this form filing is to revise our previously approved Welding health Hazard Exclusion.

SERFF Tracking Number: ZURC-125439578 State: Arkansas  
 First Filing Company: Fidelity and Deposit Company of Maryland, ... State Tracking Number: EFT \$50  
 Company Tracking Number: CW GL 26945  
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
 Product Name: Welding Health Hazard Exclusion  
 Project Name/Number: /CW GL 26945

This revised version adds references to the Railroad Protective Liability Coverage Form and the Owners and Contractors Protective Liability Coverage Form—Coverage for Operations of Designated Contractor. The form number has been changed to U-GL-1205-B CW (01/08).

Included with this filing is a redlined version of the old and new version of this endorsement to facilitate your review.

## Company and Contact

### Filing Contact Information

Karen Falbo, Product Analyst karen.falbo@zurichna.com  
 1400 American Lane (847) 605-7545 [Phone]  
 Schaumburg, IL 60196 (847) 605-7768[FAX]

### Filing Company Information

Fidelity and Deposit Company of Maryland	CoCode: 39306	State of Domicile: Maryland
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 13-3046577	

Zurich American Insurance Company of Illinois	CoCode: 27855	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-2781080	

Zurich American Insurance Company	CoCode: 16535	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60102	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-4233459	

Empire Indemnity Insurance Company	CoCode: 21334	State of Domicile: Nebraska
13810 FNB Parkway	Group Code: 212	Company Type:
Omaha, NE 68154-5202	Group Name:	State ID Number:
(402) 963-5000 ext. [Phone]	FEIN Number: 73-6091717	

Assurance Company of America	CoCode: 19305	State of Domicile: New York
------------------------------	---------------	-----------------------------



SERFF Tracking Number: ZURC-125439578 State: Arkansas  
 First Filing Company: Fidelity and Deposit Company of Maryland, ... State Tracking Number: EFT \$50  
 Company Tracking Number: CW GL 26945  
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
 Product Name: Welding Health Hazard Exclusion  
 Project Name/Number: /CW GL 26945

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity and Deposit Company of Maryland	\$50.00	01/18/2008	17570764
Zurich American Insurance Company of Illinois	\$0.00	01/18/2008	
Zurich American Insurance Company	\$0.00	01/18/2008	
Empire Indemnity Insurance Company	\$0.00	01/18/2008	
Assurance Company of America	\$0.00	01/18/2008	
Northern Insurance Company of New York	\$0.00	01/18/2008	
Maryland Casualty Company	\$0.00	01/18/2008	
American Zurich Insurance Company	\$0.00	01/18/2008	
American Guarantee and Liability Insurance Company	\$0.00	01/18/2008	
Colonial American Casualty & Surety Company	\$0.00	01/18/2008	

SERFF Tracking Number: ZURC-125439578 State: Arkansas  
First Filing Company: Fidelity and Deposit Company of Maryland, ... State Tracking Number: EFT \$50  
Company Tracking Number: CW GL 26945  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: Welding Health Hazard Exclusion  
Project Name/Number: /CW GL 26945

## Correspondence Summary

### Dispositions

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

SERFF Tracking Number: ZURC-125439578 State: Arkansas  
First Filing Company: Fidelity and Deposit Company of Maryland, ... State Tracking Number: EFT \$50  
Company Tracking Number: CW GL 26945  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: Welding Health Hazard Exclusion  
Project Name/Number: /CW GL 26945

## Disposition

Disposition Date: 01/23/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

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

SERFF Tracking Number: ZURC-125439578 State: Arkansas  
 First Filing Company: Fidelity and Deposit Company of Maryland, ... State Tracking Number: EFT \$50  
 Company Tracking Number: CW GL 26945  
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
 Product Name: Welding Health Hazard Exclusion  
 Project Name/Number: /CW GL 26945

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Redlined form	Approved	Yes
Form	Welding Health Hazard Exclusion	Approved	Yes

SERFF Tracking Number: ZURC-125439578 State: Arkansas  
 First Filing Company: Fidelity and Deposit Company of Maryland, ... State Tracking Number: EFT \$50  
 Company Tracking Number: CW GL 26945  
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
 Product Name: Welding Health Hazard Exclusion  
 Project Name/Number: /CW GL 26945

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Welding Health Hazard Exclusion	U-GL-1205-B CW	01 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 U-GL-1205-A CW 06/04 Previous Filing #: CW-GL-23490		U-GL-1205-B CW 01 08.pdf



**ZURICH**

# Welding Health Hazard Exclusion

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l. Prem	Return Prem.
					\$	\$

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the:

**Commercial General Liability Coverage Part**

**Owners and Contractors Protective Liability Coverage Form—Coverage For Operations of Designated Contractor**

**Products-Completed Operations Liability Coverage Part**

**Railroad Protective Liability Coverage Form**

The following additional exclusion is added to **2. Exclusions** of **Section I. Coverages**:

## **2. Exclusions**

This insurance does not apply to:

### **Welding Health Hazard**

“Bodily injury” caused directly or indirectly by the actual, alleged or threatened inhalation, ingestion, absorption, or exposure to harmful fumes or gases caused by “welding materials and equipment” used in connection with the process of welding or fusing together of any metals or other materials.

For the purposes of this exclusion, the following definition applies:

“Welding materials and equipment” means:

- (1) Welding machinery or other welding process equipment;
- (2) Welding rods;
- (3) Electrodes; or
- (4) Any consumable products including, but not limited to, wires, fluxes, coatings or cleaning agents.

SERFF Tracking Number: ZURC-125439578 State: Arkansas  
First Filing Company: Fidelity and Deposit Company of Maryland, ... State Tracking Number: EFT \$50  
Company Tracking Number: CW GL 26945  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: Welding Health Hazard Exclusion  
Project Name/Number: /CW GL 26945

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-125439578 State: Arkansas  
First Filing Company: Fidelity and Deposit Company of Maryland, ... State Tracking Number: EFT \$50  
Company Tracking Number: CW GL 26945  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: Welding Health Hazard Exclusion  
Project Name/Number: /CW GL 26945

## Supporting Document Schedules

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

**Comments:**

**Attachments:**

NAIC PC 3-07.pdf  
NAIC FFS 3-07.pdf

**Satisfied -Name:** Redlined form **Review Status:** Approved 01/23/2008

**Comments:**

**Attachment:**

Redlined.pdf

**Property & Casualty Transmittal Document**

<p><b>1. Reserved for Insurance Dept. Use Only</b></p>
--

<b>2. Insurance Department Use only</b>	
a. Date the filing is received:	
b. Analyst:	
c. Disposition:	
d. Date of disposition of the filing:	
e. Effective date of filing:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

<b>3. Group Name</b>	<b>Group NAIC #</b>
Zurich North America	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Guarantee and Liability Insurance Co.	NY	26247	36-6071400	
American Zurich Insurance Company	IL	40142	36-3141762	
Assurance Company of America	NY	19305	13-6081895	
Colonial American Casualty & Surety Company	MD	34347	52-1096670	
Empire Fire and Marine Insurance Company	NE	21326	47-6022701	
Fidelity and Deposit Company of Maryland	MD	39306	13-3046577	
Maryland Casualty Company	MD	19356	52-0403120	
Northern Insurance Company of New York	NY	19372	13-5283360	
Zurich American Insurance Company	NY	16535	36-4233459	
Zurich American Insurance Company of Illinois	IL	27855	36-2781080	

<b>5. Company Tracking Number</b>	CW GL 26945
-----------------------------------	-------------

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Karen Falbo, 1400 American Lane, Schaumburg, IL 60196	Regulatory Services Analyst	847-605-7545	847-605-7768	karen.falbo@zurichna.com

<b>7.</b> Signature of authorized filer	<i>Karen Falbo</i>
<b>8.</b> Please print name of authorized filer	Karen Falbo

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

<b>9. Type of Insurance (TOI)</b>	General Liability
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	
<b>11. State Specific Product code(s) (if applicable)[See State Specific Requirements]</b>	17.0001
<b>12. Company Program Title (Marketing title)</b>	Welding Health Hazard Exclusion
<b>13. Filing Type</b>	<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 (give description)
<b>14. Effective Date(s) Requested</b>	New: 03/01/2008    Renewal: 39508
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	01/18/2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	CW GL 26945
--	-------------

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

The purpose of this form filing is to revise our previously approved Welding health Hazard Exclusion.

This revised version adds references to the Railroad Protective Liability Coverage Form and the Owners and Contractors Protective Liability Coverage Form—Coverage for Operations of Designated Contractor. The form number has been changed to U-GL-1205-B CW (01/08).

Included with this filing is a redlined version of the old and new version of this endorsement to facilitate your review.

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
---

**Check #:** N/A  
**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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CW GL 26945			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Welding Health Hazard Exclusion	U-GL-1205-B CW (01/08).	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	U GL 1205 A CW (6/04)	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



ZURICH

# Welding Health Hazard Exclusion

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l. Prem	Return Prem.
					\$	\$

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the:

**Commercial General Liability Coverage Part**

**Owners and Contractors Protective Liability Coverage Form—Coverage For Operations of Designated Contractor**

**Products-Completed Operations Liability Coverage Part**

**Railroad Protective Liability Coverage Form**

The following additional exclusion is added to **2. Exclusions** of **Section I. Coverages**:

## 2. Exclusions

This insurance does not apply to:

### Welding Health Hazard

“Bodily injury” caused directly or indirectly by the actual, alleged or threatened inhalation, ingestion, absorption, or exposure to harmful fumes or gases caused by “welding materials and equipment” used in connection with the process of welding or fusing together of any metals or other materials.

For the purposes of this exclusion, the following definition applies:

“Welding materials and equipment” means:

- (1) Welding machinery or other welding process equipment;
- (2) Welding rods;
- (3) Electrodes; or
- (4) Any consumable products including, but not limited to, wires, fluxes, coatings or cleaning agents.