

SERFF Tracking Number: CNNA-125875034 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
Company Tracking Number:
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess
Product Name: CCU-08-6012-AR
Project Name/Number: /

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: CCU-08-6012-AR

TOI: 17.0 Other Liability - Claims
Made/Occurrence

Sub-TOI: 17.0020 Commercial Umbrella &
Excess

Filing Type: Form

SERFF Tr Num: CNNA-125875034 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$50

Co Tr Num:

State Status: Fees verified and
received

Co Status:

Reviewer(s): Llyweyia Rawlins,
Brittany Yielding

Author: Sharon Whitaker

Disposition Date: 10/29/2008

Date Submitted: 10/27/2008

Disposition Status: Approved

Effective Date Requested (New): 05/01/2009

Effective Date (New): 05/01/2009

Effective Date Requested (Renewal): 05/01/2009

Effective Date (Renewal):
05/01/2009

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 10/29/2008

State Status Changed: 10/29/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

At this time, we wish to file new forms per the attached explanatory memorandum.

Final printed copies are attached for your review.

Please be advised that we work on a 90-days-in-advance schedule. As a result, we would appreciate your approval by

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February 1, 2009 for the software to be mailed to our agents on March 1, 2009 for the effective date of May 1, 2009.

Your approval is respectfully requested for use on policies effective on or after May 1, 2009.

Company and Contact

Filing Contact Information

Sharon Grubbs, Senior Filings Analyst sharon_grubbs@cinfin.com
6200 S. Gilmore Road (513) 870-2091 [Phone]
Fairfield, OH 45014

Filing Company Information

The Cincinnati Insurance Company CoCode: 10677 State of Domicile: Ohio
6200 S. Gilmore Road Group Code: 244 Company Type:
Fairfield, OH 45014 Group Name: State ID Number:
(513) 870-2000 ext. [Phone] FEIN Number: 31-0542366

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$50.00	10/27/2008	23495367

SERFF Tracking Number: CNNA-125875034 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/29/2008	10/29/2008

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Disposition

Disposition Date: 10/29/2008

Effective Date (New): 05/01/2009

Effective Date (Renewal): 05/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CNNA-125875034

State: Arkansas

Filing Company: The Cincinnati Insurance Company

State Tracking Number: EFT \$50

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TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI:

17.0020 Commercial Umbrella & Excess

Product Name: CCU-08-6012-AR

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	TRANSMITTALS	Approved	Yes
Supporting Document	MEMORANDUM	Approved	Yes
Form	NAMED INSURED	Approved	Yes
Form	COMMERCIAL UMBRELLA LIABILITY COVERAGE PART DECLARATIONS	Approved	Yes
Form	PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART DECLARATIONS	Approved	Yes
Form	PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART - CLAIMS-MADE DECLARATIONS	Approved	Yes
Form	EXCESS LIABILITY COVERAGE PART DECLARATIONS	Approved	Yes
Form	CLAIMS-MADE EXCESS LIABILITY COVERAGE PART DECLARATIONS	Approved	Yes

SERFF Tracking Number: CNNA-125875034

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Product Name: CCU-08-6012-AR

Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	NAMED INSURED	US 901	07 08	Declaration News/Schedule		0.00	US901 07-08 ECLAS.pdf
Approved	COMMERCIAL UMBRELLA LIABILITY COVERAGE PART DECLARATIONS	USC513	07 08	Declaration News/Schedule		0.00	USC513 07-08 ECLAS.pdf
Approved	PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART DECLARATIONS	USC514	07 08	Declaration News/Schedule		0.00	USC514 07-08 ECLAS.pdf
Approved	PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART - CLAIMS-MADE DECLARATIONS	USC515	07 08	Declaration News/Schedule		0.00	USC515 07-08 ECLAS.pdf
Approved	EXCESS LIABILITY COVERAGE PART DECLARATIONS	XSC504	07 08	Declaration News/Schedule		0.00	XSC504 07-08 ECLAS.pdf
Approved	CLAIMS-MADE EXCESS LIABILITY COVERAGE PART DECLARATIONS	XSC505	07 08	Declaration News/Schedule		0.00	XSC505 07-08 ECLAS.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

**COMMERCIAL UMBRELLA LIABILITY COVERAGE PART DECLARATIONS
PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART DECLARATIONS
PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART - CLAIMS-MADE DECLARATIONS
CLAIMS-MADE EXCESS LIABILITY COVERAGE PART DECLARATIONS
EXCESS LIABILITY COVERAGE PART DECLARATIONS**

NAMED INSURED

THE CINCINNATI INSURANCE COMPANY

COMMERCIAL UMBRELLA LIABILITY COVERAGE

PART DECLARATIONS

Previous Policy Number

Attached to and forming part of POLICY NUMBER

Effective Date:

NAMED INSURED is the same as it appears in the Common Policy Declarations unless another entry is made here.

LIMITS OF INSURANCE

\$ _____,000,000 Each Occurrence Limit \$ _____,000,000 Aggregate Limit

ADVANCE PREMIUM \$

Applicable to Premium, if box is checked:

- Subject to Annual Adjustment
 Subject to Audit (see Premium Computation Endorsement for Rating Basis)

SCHEDULE OF UNDERLYING INSURANCE

Insurer, Policy Number & Period:	Underlying Insurance:	Underlying Limits:
(a)	Employer's Liability	Bodily Injury by Accident: \$ _____ Each Accident Bodily Injury by Disease: \$ _____ Each Employee Bodily Injury by Disease: \$ _____ Policy Limit
(b)	<input type="checkbox"/> Commercial General Liability Including: <input type="checkbox"/> Products-Completed Operations Coverage <input type="checkbox"/> Cemetery Professional <input type="checkbox"/> Druggist Professional <input type="checkbox"/> Funeral Service Provider <input type="checkbox"/> Pedorthists Professional or <input type="checkbox"/> Business Liability Including: <input type="checkbox"/> Funeral Service Provider <input type="checkbox"/> Druggist Professional	Bodily Injury and Property Damage Liability: \$ _____ Each Occurrence Limit \$ _____ General Aggregate Limit \$ _____ Products-Completed Operations Aggregate Limit Personal and Advertising Injury Limit: \$ _____ Any One Person or Organization
(c)	Automobile Liability Including: <input type="checkbox"/> Owned Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Any Auto	Bodily Injury Liability Limit: \$ _____ Each Person \$ _____ Each Occurrence Property Damage Liability Limit: \$ _____ Each Occurrence or Bodily Injury Liability and / or Property Damage Liability or Both Combined Limit: \$ _____ Each Occurrence
(d)	Professional	\$ _____ \$ _____ Aggregate
(e)	Bodily Injury Exception to Pollutant Exclusion	\$ _____ Each Occurrence \$ _____ Pollutant Annual Aggregate
(f)	Employee Benefit Liability	\$ _____ Each Claim \$ _____ Aggregate

(g)	Liquor Liability	\$	Each Common Cause
		\$	Aggregate

Other

FORMS AND / OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:

THE CINCINNATI INSURANCE COMPANY

PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART DECLARATIONS

Previous Policy Number

Attached to and forming part of POLICY NUMBER:

Effective Date:

Named Insured is the same as it appears in the Common Policy Declarations unless another entry is made here.

PROFESSION OF INSURED:

LIMITS OF INSURANCE

\$ _____,000,000 Each Occurrence Limit

\$ _____,000,000 Aggregate Limit

ADVANCE PREMIUM \$

Applicable to Premium, if box is checked:

Subject to Annual Adjustment

Subject to Audit (see Premium Computation Endorsement for Rating Basis)

SCHEDULE OF UNDERLYING INSURANCE

Insurer, Policy Number & Period:	Underlying Insurance:	Underlying Limits:
(a)	Employer's Liability	Bodily Injury by Accident: \$ _____ Each Accident Bodily Injury by Disease: \$ _____ Each Employee Bodily Injury by Disease: \$ _____ Policy Limit
(b)	<input type="checkbox"/> Commercial General Liability Including: <input type="checkbox"/> Products-Completed Operations Coverage <input type="checkbox"/> Cemetery Professional <input type="checkbox"/> Druggist Professional <input type="checkbox"/> Funeral Service Provider <input type="checkbox"/> _____ Professional or <input type="checkbox"/> Business Liability Including: <input type="checkbox"/> Funeral Service Provider <input type="checkbox"/> Druggist Professional	Bodily Injury and Property Damage Liability: \$ _____ Each Occurrence Limit \$ _____ General Aggregate Limit \$ _____ Products-Completed Operations Aggregate Limit Personal and Advertising Injury Limit: \$ _____ Any One Person or Organization
(c)	Automobile Liability Including: <input type="checkbox"/> Owned Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Any Auto	Bodily Injury Liability Limit: \$ _____ Each Person \$ _____ Each Occurrence Property Damage Liability Limit: \$ _____ Each Occurrence or Bodily Injury Liability and / or Property Damage Liability or Both Combined Limit: \$ _____ Each Occurrence
(d)	<input type="checkbox"/> Professional Liability <input type="checkbox"/> <input type="checkbox"/>	\$ _____ \$ _____ Aggregate
(e)	Bodily Injury Exception to Pollutant Exclusion	\$ _____ Each Occurrence \$ _____ Pollutant Annual Aggregate
(f)	Employee Benefit Liability	\$ _____ Each Claim \$ _____ Aggregate

(g)	Liquor Liability	\$	Each Common Cause
		\$	Aggregate

Other

FORMS AND / OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:

THE CINCINNATI INSURANCE COMPANY

Notice: This insurance coverage contains claims-made coverage. Except as may be otherwise provided herein, specified coverages of this insurance are limited generally to liability for injuries for which "claims" are first made against the insured while the insurance is in force. Please read and review the insurance carefully and discuss the coverage with your agent.

PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART - CLAIMS-MADE DECLARATIONS

Previous Policy Number

Attached to and forming part of POLICY NUMBER:

Effective Date:

Named Insured is the same as it appears in the Common Policy Declarations unless another entry is made here.

PROFESSION OF INSURED:

Professional Incident Retroactive Date:

LIMITS OF INSURANCE

\$ _____,000,000 Each Occurrence/Professional Incident Limit \$ _____,000,000 Aggregate Limit

ADVANCE PREMIUM \$

Applicable to Premium, if box is checked:

- Subject to Annual Adjustment
- Subject to Audit (see Premium Computation Endorsement for Rating Basis)

SCHEDULE OF UNDERLYING INSURANCE

Insurer, Policy Number & Period:	Underlying Insurance:	Underlying Limits:
(a)	Employer's Liability	Bodily Injury by Accident: \$ _____ Each Accident Bodily Injury by Disease: \$ _____ Each Employee Bodily Injury by Disease: \$ _____ Policy Limit
(b)	<input type="checkbox"/> Commercial General Liability Including: <input type="checkbox"/> Products-Completed Operations Coverage <input type="checkbox"/> Cemetery Professional <input type="checkbox"/> Druggist Professional <input type="checkbox"/> Funeral Service Provider <input type="checkbox"/> Pedorthists Professional or <input type="checkbox"/> Business Liability Including: <input type="checkbox"/> Funeral Service Provider <input type="checkbox"/> Druggist Professional	Bodily Injury and Property Damage Liability: \$ _____ Each Occurrence Limit \$ _____ General Aggregate Limit \$ _____ Products-Completed Operations Aggregate Limit Personal and Advertising Injury Limit: \$ _____ Any One Person or Organization
(c)	Automobile Liability Including: <input type="checkbox"/> Owned Autos <input type="checkbox"/> Non-Owned Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Any Auto	Bodily Injury Liability Limit: \$ _____ Each Person \$ _____ Each Occurrence Property Damage Liability Limit: \$ _____ Each Occurrence or Bodily Injury Liability and / or Property Damage Liability or Both Combined Limit: \$ _____ Each Occurrence
(d)	Professional Liability	\$ _____ \$ _____ Aggregate

(e)	Bodily Injury Exception to Pollutant Exclusion	\$ \$	Each Occurrence Pollutant Annual Aggregate
(f)	Employee Benefit Liability	\$ \$	Each Claim Aggregate
(g)	Liquor Liability	\$ \$	Each Common Cause Aggregate

Other

FORMS AND / OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:

THE CINCINNATI INSURANCE COMPANY

EXCESS LIABILITY COVERAGE PART DECLARATIONS

Previous Policy Number

Attached to and forming part of POLICY NUMBER:

Effective Date:

NAMED INSURED is the same as it appears in the Common Policy Declarations unless another entry is made here.

LIMITS OF INSURANCE

Each Occurrence Limit

\$

Aggregate Limit

\$

ADVANCE PREMIUM \$

Applicable to Premium, if box is checked:

Subject to Annual Adjustment

Subject to Audit as follows:

Premium Basis

Estimated Exposure

**Each Unit of Exposure
Rate Per:**

Minimum Premium

\$

\$

SCHEDULE OF UNDERLYING INSURANCE

Underlying Insurance, Carrier, Policy Number & Term:

Underlying Limits:

a) Underlying Insurance:

Each Occurrence

\$

Carrier:

General Aggregate

\$

Policy Number:

Products Aggregate

\$

Policy Term:

(other)

\$

EXCESS of:

\$

FORMS AND / OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:

THE CINCINNATI INSURANCE COMPANY

Notice: This insurance coverage is provided on a claims-made basis. Coverage is limited to liability for injuries for which "claims" are first made against the insured while the insurance is in force. Please read and review the insurance carefully and discuss the coverage with your agent.

CLAIMS-MADE EXCESS LIABILITY COVERAGE PART DECLARATIONS

Previous Policy Number

Attached to and forming part of POLICY NUMBER:

Effective Date:

NAMED INSURED is the same as it appears in the Common Policy Declarations unless another entry is made here.

Retroactive Date:

LIMITS OF INSURANCE OF THIS POLICY

Each Claim Limit \$
Aggregate Limit \$

ADVANCE PREMIUM \$

Applicable to Premium, if box is checked:

- Subject to Annual Adjustment
 Subject to Audit as follows:

Premium Basis	Estimated Exposure	Each Unit of Exposure Rate Per:	Minimum Premium
		\$	\$

SCHEDULE OF UNDERLYING INSURANCE

Underlying Insurance, Carrier, Policy Number & Term:	Underlying Limits:
a) Underlying Insurance:	Each Claim \$
Carrier:	General Aggregate \$
Policy Number:	Products Aggregate \$
Policy Term: (other)	\$
	EXCESS of: \$

FORMS AND / OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:

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Product Name: CCU-08-6012-AR
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: CNNA-125875034 State: Arkansas
Filing Company: The Cincinnati Insurance Company State Tracking Number: EFT \$50
Company Tracking Number:
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess
Product Name: CCU-08-6012-AR
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: TRANSMITTALS

Comments:

Attachments:

F777AR_CCU-08-6012-AR.pdf

F778AR_307 CCU-08-6012-AR.pdf

Review Status:

Approved

10/29/2008

Satisfied -Name: MEMORANDUM

Comments:

Attachment:

#MEMOF.pdf

Review Status:

Approved

10/29/2008

Property & Casualty Transmittal Document

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

3. Group Name	Group NAIC #
The Cincinnati Insurance Company	0244

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	Ohio	0244-10677	31-0542366	03

5. Company Tracking Number	CCU-08-6012-AR
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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
	6200 South Gilmore Road Fairfield, Ohio 45014-5141	Senior Filing Specialist	513-870-2091	513-888-8884	Sharon_grubbs@cinfin.com
7.	Signature of authorized filer		<i>Sharon Grubbs</i>		
8.	Please print name of authorized filer		Sharon Grubbs		

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

9. Type of Insurance (TOI)	OTHER LIABILITY
10. Sub-Type of Insurance (Sub-TOI)	COMMERCIAL UMBRELLA
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	n/a
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 (give description)
14. Effective Date(s) Requested	New: 05/01/2009 Renewal: 05/01/09
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	10/27/08
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 #	CCU-08-6012-AR
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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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See Memorandum

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

Check #: EFT FILING
Amount: \$50.00

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 #	CCU-08-6012-AR			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
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	COMMERCIAL UMBRELLA LIABILITY COVERAGE PART DECLARATIONS NAMED INSURED	US 901 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	COMMERCIAL UMBRELLA LIABILITY COVERAGE PART DECLARATIONS	USC 513 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART DECLARATIONS	USC 514 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART CLAIMS-MADE	USC 515 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	EXCESS LIABILITY COVERAGE PART DECLARATIONS	XSC 504 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	CLAIMS-MADE EXCESS LIABILITY COVERAGE PART DECLARATIONS	XSC 505 07 08	<input checked="" 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		

**ARKANSAS
COMMERCIAL UMBRELLA
FORMS MEMORANDUM**

NEW FORM	OLD/WITHDRAWN FORM	TITLE/DESCRIPTION OF CHANGE
US 901 07 08	-----	NAMED INSURED Overflow declarations to list named insureds.
USC513 07 08	-----	COMMERCIAL UMBRELLA LIABILITY COVERAGE PART DECLARATIONS New declarations for new policy issuance system.
USC514 07 08	-----	PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART DECLARATIONS New declarations for new policy issuance system.
USC515 07 08	-----	PROFESSIONAL UMBRELLA LIABILITY COVERAGE PART - CLAIMS-MADE DECLARATIONS New declarations for new policy issuance system.
XSC504 07 08	-----	EXCESS LIABILITY COVERAGE PART DECLARATIONS New declarations for new policy issuance system.
XSC505 07 08	-----	CLAIMS-MADE EXCESS LIABILITY COVERAGE PART DECLARATIONS New declarations for new policy issuance system.