

SERFF Tracking Number: EVST-125869351 State: Arkansas
Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-GL-20025474C
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: General Liability
Project Name/Number: Total Abuse or Molestation Exclusion/

Filing at a Glance

Company: Everest National Insurance Company

Product Name: General Liability SERFF Tr Num: EVST-125869351 State: Arkansas
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50
Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: AR-GL-20025474C State Status: Fees verified and received

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

Author: Vanessa King Disposition Date: 10/27/2008

Date Submitted: 10/22/2008 Disposition Status: Approved

Effective Date Requested (New): 12/01/2008

Effective Date Requested (Renewal): 12/01/2008

State Filing Description:

General Information

Project Name: Total Abuse or Molestation Exclusion

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 10/27/2008

State Status Changed: 10/27/2008

Corresponding Filing Tracking Number:

Filing Description:

We are filing to revised the form number of EIL 12 512 08 08, Total Abuse or Molestation Exclusion, to ECG 21 693 08 08. The content of the form remains unchanged.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

SERFF Tracking Number: EVST-125869351 State: Arkansas
Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-GL-20025474C
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: General Liability
Project Name/Number: Total Abuse or Molestation Exclusion/

Vanessa King, Manager, Filing and Regulation vanessa.king@everestire.com
P.O. Box 830 (908) 604-3267 [Phone]
Liberty Corner, NJ 07938-0830 (908) 604-3546[FAX]

Filing Company Information

Everest National Insurance Company CoCode: 10120 State of Domicile: Delaware
477 Martinsville Road Group Code: 1120 Company Type:
P.O. Box 830
Liberty Corner, NJ 07938-0830 Group Name: Everest Re Group, State ID Number:
Ltd.
(908) 604-3000 ext. [Phone] FEIN Number: 22-2660372

SERFF Tracking Number: EVST-125869351 State: Arkansas
Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-GL-20025474C
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: General Liability
Project Name/Number: Total Abuse or Molestation Exclusion/

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Everest National Insurance Company	\$50.00	10/22/2008	23397758

SERFF Tracking Number: EVST-125869351 State: Arkansas
Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-GL-20025474C
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: General Liability
Project Name/Number: Total Abuse or Molestation Exclusion/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/27/2008	10/27/2008

SERFF Tracking Number: EVST-125869351 *State:* Arkansas
Filing Company: Everest National Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: AR-GL-20025474C
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0001 Commercial General Liability
Product Name: General Liability
Project Name/Number: Total Abuse or Molestation Exclusion/

Disposition

Disposition Date: 10/27/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: EVST-125869351 State: Arkansas
 Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AR-GL-20025474C
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: General Liability
 Project Name/Number: Total Abuse or Molestation Exclusion/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Total Abuse or Molestation Exclusion	Approved	Yes

SERFF Tracking Number: EVST-125869351 State: Arkansas
 Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AR-GL-20025474C
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: General Liability
 Project Name/Number: Total Abuse or Molestation Exclusion/

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Total Abuse or Molestation Exclusion	ECG 21 693 08 08	08 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #: EIL 12 512 08 08 Previous Filing #: SERFF Tr Num: EVST-125826479		ECG 21 693 08 08.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TOTAL ABUSE OR MOLESTATION EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The following exclusion is added to Paragraph 2., **Exclusions of Section I – Coverage A – Bodily Injury And Property Damage Liability** and Paragraph 2., **Exclusions of Section I – Coverage B – Personal And Advertising Injury Liability**:

The following exclusion is added:

This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" for which any insured may be held liable by reason of the actual, alleged or threatened abuse or molestation of any person by any person, persons or organizations; or
- b. "Bodily injury", "property damage" or "personal and advertising injury" for which any insured may be held liable by reason of:
 - (1) The employment of;
 - (2) The investigation of;
 - (3) The supervision of;
 - (4) The reporting or failure to report to the proper authorities of;
 - (5) The retention or reassignment of; or
 - (6) Any other alleged or actual relationship, contract, agreement or activity with any person, persons or organization:
 - i. Accused or guilty of; or
 - ii. Who had or should have had actual, implied or imputed knowledge of the actual, alleged or threatened abuse or molestation of any person.

Any claim or "suit" related to or arising out of abuse or molestation is not covered under the Commercial General Liability Coverage Part. However, if an Abuse Or Molestation (Including Corporal Punishment) endorsement is attached, coverage is limited to that provided under the Abuse Or Molestation (Including Corporal Punishment) endorsement.

SERFF Tracking Number: EVST-125869351 *State:* Arkansas
Filing Company: Everest National Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: AR-GL-20025474C
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0001 Commercial General Liability
Product Name: General Liability
Project Name/Number: Total Abuse or Molestation Exclusion/

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: EVST-125869351 State: Arkansas
Filing Company: Everest National Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR-GL-20025474C
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: General Liability
Project Name/Number: Total Abuse or Molestation Exclusion/

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 10/27/2008

Comments:

Attachment:

Transmittal.pdf

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: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Everest Re Group, Ltd.	1120

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Everest National Insurance Company	DE	10120	22-2660372	

5. Company Tracking Number	AR-GL-20025474C
-----------------------------------	-----------------

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

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Vanessa King 477 Martinsville Road Liberty Corner, NJ 07938-0830	Manager	(908) 604-3267	(908) 604-3526	vanessa.king@everest-re.com

7. Signature of authorized filer	<i>Vanessa King</i>
8. Please print name of authorized filer	Vanessa King

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

9. Type of Insurance (TOI)	Other Liability
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
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: 12/01/2008 Renewal: 12/01/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	10/22/2008
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 #	AR-GL-20025474C
--	-----------------

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

We filing endorsement ECG 21 693 08 08, Total Abuse Or Molestation Exclusion, to be attached to policies that will provide abuse/molestation coverage separately under endorsement ECG 04 558, which has been previously filed and approved. This endorsement was previously approved by your office as form number EIL 12 512 08 08.

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
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 #	AR-GL-20025474C
-----------	--	-----------------

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

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	Total Abuse or Molestation Exclusion	ECG 21 693 08 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
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		

PC FFS-1