

SERFF Tracking Number: GNST-125841043 State: Arkansas  
 Filing Company: General Star National Insurance Company State Tracking Number: EFT \$50  
 Company Tracking Number: 08-117-3-REA F  
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability  
 Product Name: Real Estate Agents Errors & Omissions  
 Project Name/Number: General Star Real Estate Agents/08-117-3-REA F

## Filing at a Glance

Company: General Star National Insurance Company

Product Name: Real Estate Agents Errors & Omissions SERFF Tr Num: GNST-125841043 State: Arkansas

Omissions

TOI: 17.1 Other Liability - Claims Made Only SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 17.1019 Professional Errors & Omissions Liability Co Tr Num: 08-117-3-REA F State Status: Fees verified and received

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

Authors: Patricia Villegas, Ludmila Kandiba, Timothy Wilcox Disposition Date: 10/28/2008

Date Submitted: 10/10/2008

Disposition Status: Approved

Effective Date Requested (New): 03/01/2009

Effective Date (New):

Effective Date Requested (Renewal): 03/01/2009

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: General Star Real Estate Agents

Status of Filing in Domicile: Authorized

Project Number: 08-117-3-REA F

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 10/28/2008

State Status Changed: 10/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This filing will serve to amend the current form filing to include our Owned Property Endorsement. This endorsement clarifies and enhances the coverage afforded for Professional Services rendered related to property owned by an Insured under the policy.

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## Company and Contact

### Filing Contact Information

Ludmila Kandiba, Regulatory Filing Specialist ludmila.kandiba@generalstar.com  
 1 Seaport Plaza (212) 859-3815 [Phone]  
 New York, NY 10038 (212) 859-3977[FAX]

### Filing Company Information

General Star National Insurance Company CoCode: 11967 State of Domicile: Ohio  
 695 East Main Street Group Code: 31 Company Type: Property & Casualty  
 Stamford, CT 06904 Group Name: Berkshire Hathaway State ID Number:  
 Co  
 (203) 328-6079 ext. [Phone] FEIN Number: 13-1958482  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
General Star National Insurance Company	\$50.00	10/10/2008	23110280

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/28/2008	10/28/2008

*SERFF Tracking Number:*      *GNST-125841043*                      *State:*                      *Arkansas*  
*Filing Company:*              *General Star National Insurance Company*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *08-117-3-REA F*  
*TOI:*                      *17.1 Other Liability - Claims Made Only*      *Sub-TOI:*                      *17.1019 Professional Errors & Omissions*  
*Product Name:*                      *Real Estate Agents Errors & Omissions*  
*Project Name/Number:*              *General Star Real Estate Agents/08-117-3-REA F*

## **Disposition**

Disposition Date: 10/28/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.



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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Owned Property Endorsement	GSN-07-RE-283	06/2008	Endorsement/Amendment/Conditions	New		Owned Property Endorsement GSN-07-RE-283 (06-2008).pdf

# GENERAL STAR NATIONAL INSURANCE COMPANY

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

This endorsement # \_\_\_\_\_, effective \_\_\_\_\_ forms a part of Policy # \_\_\_\_\_ issued to \_\_\_\_\_ by GENERAL STAR NATIONAL INSURANCE COMPANY.

## OWNED PROPERTY ENDORSEMENT

This endorsement modifies insurance provided under the following:

### REAL ESTATE PROFESSIONAL LIABILITY INSURANCE POLICY

SECTION VII, EXCLUSION M. is deleted and replaced with the following:

M. based on or arising out of the actual or attempted sale, leasing or appraisal of property by any **Insured** if at the time of the act or omission giving rise to such **Claim**, such **Insured** owned, or was the developer or constructor of, such property.

This exclusion does not apply to:

1. the actual or attempted sale or leasing of property that the **Insured** did not construct or develop and in which the combined ownership interest of all **Insureds** at the time of sale or lease was less than 10%;
2. the actual or attempted sale of **Residential Property** 100% owned by an **Insured** if all of the following conditions are met:
  - i. the property was acquired by an **Insured** under a written **Guaranteed Sales Listing Agreement**; and
  - ii. from acquisition to resale:
    - (1) the title to the property was held by an **Insured** for less than twelve months; and
    - (2) the property was continually offered for sale by an **Insured**;
3. the actual or attempted sale or leasing of **Residential Property** by an **Insured** who is the 100% owner of such **Residential Property** for more than 180 days and all of the following conditions are met in connection with such sale:
  - i. a written Home Inspection Report is issued by an ASHI or CREIA member inspector;
  - ii. a home warranty policy was purchased prior to closing;
  - iii. a seller disclosure form was signed by the **Insured** and acknowledged by the buyer prior to closing; and
  - iv. a state or local board approved standard sales contract was utilized.

**ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.**

SECTION VII, EXCLUSION Y is amended by the addition of the following exclusion:

- Y. Based on or arising out of the actual or attempted purchase of property by, or the actual or attempted sale, leasing or appraisal of property developed, constructed or owned by:
1. any entity in which any **Insured** has a financial interest;
  2. any entity which has a financial interest in an **Insured**; or
  3. any entity which is under the same financial control as an **Insured**, provided that such financial interest existed at the time of the act or omission giving rise to the **Claim**;

SECTION VIII, DEFINITIONS is amended by the addition of the following new definitions:

**Guaranteed Sales Listing Agreement** means a written agreement between an Insured and the seller of a property, in which the Insured agrees to purchase the property if it is not sold under the listing agreement in the time frame specified by the agreement.

**Residential Property** means a single family residence or multi-family residence with 4 units or fewer.

**ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.**

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document- Property & Casualty **Review Status:** Approved 10/28/2008

**Comments:**  
Attached please find completed P&C Transmittal Document.

**Attachment:**  
UTD\_Forms.pdf

**Satisfied -Name:** Filing Memo **Review Status:** Approved 10/28/2008

**Comments:**  
Attached please find the Owned Property Endorsement Explanatory Memorandum.

**Attachment:**  
Filing Memorandum R.E. Agents Owned Property Endt.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<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
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<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

<b>5. Company Tracking Number</b>	
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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

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

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

9. Type of Insurance (TOI)	
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 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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<b>22.</b>	<b>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]
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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.)**

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## 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>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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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			<input 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



**REAL ESTATE AGENTS & BROKERS  
ERRORS AND OMISSIONS INSURANCE**

**Owned Property Endorsement  
Filing Memorandum  
June 2008  
Filing: 08-117-3-REA F**

**This filing will serve to amend the current form filing to include the enclosed Owned Property Endorsement, GSN-07-RE-283 (06/2008). This mandatory endorsement clarifies and enhances the coverage afforded for Professional Services rendered related to property owned by an Insured under the policy.**

**Our current policy form grants coverage for owned property via an exception to Exclusion M of the policy (below).**

**Exclusion M of the policy (Form # GSN-06-RE-120 (07-2004)),**

- M. Involving real property owned by any Insured. This exclusion shall not apply if:**
- 1. Title is held by an Insured for less than one year for the purpose of resale, or**
  - 2. The property is a single-family dwelling owned by an Insured and listed for sale by another Insured who owns no part of it.**

**We have specifically reviewed the coverage afforded by CNA, one of the largest writers and predominant market in this line of business. We have also reviewed other carriers including St. Paul Travelers Insurance Company. We believe this change will bring our policy provision in line with what other markets currently offer and allow General Star to remain a stable, long-term provider of Real Estate Agents E&O coverage.**