

SERFF Tracking Number: HNST-125788564 State: Arkansas
Filing Company: Lincoln General Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 2008AR07CA
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Abuse or Molestation Exclusion
Project Name/Number: Abuse or Molestation Exclusion/2008AR07CA

Filing at a Glance

Company: Lincoln General Insurance Company

Product Name: Abuse or Molestation Exclusion SERFF Tr Num: HNST-125788564 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0003 Other

Co Tr Num: 2008AR07CA

State Status: Fees verified and received

Filing Type: Form

Co Status: Cathy Ruppel

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Authors: Christy Parks, Catherine Ruppel

Disposition Date: 10/10/2008

Date Submitted: 10/10/2008

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: Abuse or Molestation Exclusion

Status of Filing in Domicile: Pending

Project Number: 2008AR07CA

Domicile Status Comments: n/a

Reference Organization: n/a

Reference Number: n/a

Reference Title: n/a

Advisory Org. Circular: n/a

Filing Status Changed: 10/10/2008

State Status Changed: 10/10/2008

Deemer Date:

Corresponding Filing Tracking Number: n/a

Filing Description:

Lincoln General Insurance Company requests your approval of our new Abuse or Molestation Exclusion, form L 1575 08 08.

This is a new endorsement that will be mandatory for all types of Commercial Auto policies. This filing has no rate/rule impact.

SERFF Tracking Number: HNST-125788564 State: Arkansas
 Filing Company: Lincoln General Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: 2008AR07CA
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
 Product Name: Abuse or Molestation Exclusion
 Project Name/Number: Abuse or Molestation Exclusion/2008AR07CA

We are proposing this exclusion to clarify that our policy will not respond in the event of a claim involving abuse or molestation. It is not our intent for the policy to respond to these types of claims, nor do our rates contemplate coverage for these types of claims.

We request an effective date of 5/1/09 for both new and renewal business.

Company and Contact

Filing Contact Information

Catherine Ruppel, State Filing Analyst cruppel@lincolngeneral.com
 PO Box 3709 (800) 876-3350 [Phone]
 York, PA 17402-0136 (717) 757-7917[FAX]

Filing Company Information

Lincoln General Insurance Company CoCode: 33855 State of Domicile: Pennsylvania
 P.O. Box 3709 Group Code: 1326 Company Type: Property & Casualty
 3501 Concord Rd
 York, PA 17402 Group Name: Kingsway Financial State ID Number:
 Group
 (717) 757-0000 ext. [Phone] FEIN Number: 23-2023242

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per form; 1 form x \$50 = \$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln General Insurance Company	\$50.00	10/10/2008	23103975

SERFF Tracking Number: HNST-125788564 State: Arkansas
Filing Company: Lincoln General Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 2008AR07CA
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Abuse or Molestation Exclusion
Project Name/Number: Abuse or Molestation Exclusion/2008AR07CA

Correspondence Summary

Dispositions

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

SERFF Tracking Number: *HNST-125788564* *State:* *Arkansas*
Filing Company: *Lincoln General Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *2008AR07CA*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0003 Other*
Product Name: *Abuse or Molestation Exclusion*
Project Name/Number: *Abuse or Molestation Exclusion/2008AR07CA*

Disposition

Disposition Date: 10/10/2008

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: HNST-125788564 State: Arkansas
 Filing Company: Lincoln General Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: 2008AR07CA
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
 Product Name: Abuse or Molestation Exclusion
 Project Name/Number: Abuse or Molestation Exclusion/2008AR07CA

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

SERFF Tracking Number: HNST-125788564 State: Arkansas
 Filing Company: Lincoln General Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: 2008AR07CA
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
 Product Name: Abuse or Molestation Exclusion
 Project Name/Number: Abuse or Molestation Exclusion/2008AR07CA

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Abuse or Molestation Exclusion	L 1575	08 08	Endorsement/Amendment/Conditions New		0.00	L 1575 0808.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ABUSE OR MOLESTATION EXCLUSION

This endorsement modifies insurance provided under the following;

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

A. The following exclusion is added to Paragraph **B. Exclusions** of **Section II – Liability Coverage** in the Business Auto, Motor Carrier and Truckers Coverage Forms and for "**Garage Operations**" –**Covered "Autos"** in the Garage Coverage Form:

ABUSE OR MOLESTATION EXCLUSION

This insurance does not apply to any claim, "suit", accusation or charge or any "loss", cost or expense for "bodily injury" or "property damage" arising out of:

1. The actual or threatened abuse or molestation by anyone of any persons, or
2. The negligent hiring, employment, placement, training, supervision, investigation, reporting to the proper authorities, or failure to so report, retention of a person for whom any "insured" is or ever was legally responsible and whose conduct would be excluded by 1. above.

Abuse and molestation includes but is not limited to any verbal or nonverbal communication, behavior, or conduct with sexual connotations, infliction of physical, emotional, or psychological injury or harm whether for gratification, discrimination, intimidation, coercion, or other purposes, regardless of whether such action or resulting injury is alleged to be intentionally or negligently caused.

SERFF Tracking Number: *HNST-125788564* *State:* *Arkansas*
Filing Company: *Lincoln General Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *2008AR07CA*
TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0003 Other*
Product Name: *Abuse or Molestation Exclusion*
Project Name/Number: *Abuse or Molestation Exclusion/2008AR07CA*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HNST-125788564 State: Arkansas
Filing Company: Lincoln General Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 2008AR07CA
TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other
Product Name: Abuse or Molestation Exclusion
Project Name/Number: Abuse or Molestation Exclusion/2008AR07CA

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 10/10/2008

Comments:
please see attached

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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
---	---

3. Group Name	Group NAIC #

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

5. Company Tracking Number	
-----------------------------------	--

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—

20.	This filing transmittal is part of Company Tracking #	
------------	--	--

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

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 #:
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.)**

PC TD-1 pg 2 of 2

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 #	
-----------	--	--

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			<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