

SERFF Tracking Number: REGU-125872143 State: Arkansas
Filing Company: Arch Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: ARCH-08-241
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Alarm Program - General Liability Forms Filing
Project Name/Number: /ARCH-08-241

Filing at a Glance

Company: Arch Insurance Company
Product Name: Alarm Program - General Liability Forms Filing SERFF Tr Num: REGU-125872143 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: ARCH-08-241 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Edith Roberts, Brittany Yielding
Authors: Rose Battles, Joanne Sullivan Disposition Date: 10/24/2008
Date Submitted: 10/24/2008 Disposition Status: Approved
Effective Date Requested (New): On Approval Effective Date (New):
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: ARCH-08-241 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 10/24/2008
State Status Changed: 10/24/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Arch Insurance Company (AIC), a member of Insurance Services Office (ISO), is filing an independent General Liability forms filing for its new Alarm Program in your state. The corresponding rates and rules are not required to be filed, as per your state requirements.

The Alarm Program provides general liability coverage for businesses that install, repair and monitor alarm systems.

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The Alarm Program consists of the ISO CGL coverage form, the ISO mandatory state specific forms on file for AIC in your state and some additional independent forms included in this filing.

A fee in the amount of \$50.00 is being submitted to cover the required filing fee.

We ask that this filing become effective for all policies upon approval.

Company and Contact

Filing Contact Information

(This filing was made by a third party - insuranceregulatoryconsultantsllc)
 Rose Battles, rosebattles@ircllc.com
 50 Broad Street (941) 926-0144 [Phone]
 New York, NY 10004

Filing Company Information

Arch Insurance Company CoCode: 11150 State of Domicile: Missouri
 One Liberty Plaza Group Code: 1279 Company Type: P&C
 53rd Floor
 New York, NY 10006 Group Name: Arch Capital State ID Number:
 (212) 651-9863 ext. [Phone] FEIN Number: 43-0990710

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arch Insurance Company	\$50.00	10/24/2008	23450957

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/24/2008	10/24/2008

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Disposition

Disposition Date: 10/24/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Memo	Approved	Yes
Supporting Document	Forms List	Approved	Yes
Supporting Document	Auth Letter	Approved	Yes
Form	Absolute Asbestos Exclusion	Approved	Yes
Form	Additional Insured Endorsement	Approved	Yes
Form	Assault and Battery Coverage Endorsement	Approved	Yes
Form	Audit Premium Endorsement	Approved	Yes
Form	Common General Liability Coverage Part Declarations	Approved	Yes
Form	Common Policy Declarations	Approved	Yes
Form	Contractual Liability Limitation Endorsement	Approved	Yes
Form	Coverage Extensions Endorsement - Section I - A and B	Approved	Yes
Form	Guard Exclusion	Approved	Yes
Form	Incidental Medical Malpractice Coverage Endorsement	Approved	Yes
Form	Independent Contractors Requirements - Endorsement	Approved	Yes
Form	Lead Exclusion	Approved	Yes
Form	Limited Theft Extension Endorsement	Approved	Yes
Form	Lost Key Coverage Endorsement	Approved	Yes
Form	Personal Injury and Advertising Injury Definition	Approved	Yes
Form	Personal Injury Liability Extension	Approved	Yes
Form	Securities and Financial Interest Exclusion	Approved	Yes
Form	Alarm Contract Attachment Endorsement	Approved	Yes
Form	Alarm Contract Warranty Endorsement	Approved	Yes
Form	Deductible Liability	Approved	Yes
Form	Designated Premises Endorsement	Approved	Yes

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Form	Employee Benefits Liability Coverage part	Approved	Yes
	Declarations		
Form	Employers Liability (Stop Gap) Coverage	Approved	Yes
	Part Declarations		
Form	Hired Auto Non-Owned Liability	Approved	Yes
	Endorsement		
Form	Newly Acquired Organization Exclusion	Approved	Yes
Form	Primary and Non Contributory Provision	Approved	Yes
Form	Primary Insurance Endorsement	Approved	Yes
Form	Punitice Damages Exclusion	Approved	Yes
Form	Self Insured Retention Endorsement	Approved	Yes
Form	Specific Contract Attachment	Approved	Yes
	Endorsement		
Form	Waiver of Transfer Rights of Recovery	Approved	Yes
	Against Others		

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Absolute Asbestos Exclusion	00 GL0489 00	07 08	Endorsement/Amendment/Conditions	New	0.00	00 GL0489 00 0708.pdf
Approved	Additional Insured Endorsement	00 GL0486 00	07 08	Endorsement/Amendment/Conditions	New	0.00	00 GL0486 00 0708.pdf
Approved	Assault and Battery Coverage Endorsement	00 GL0324 00	02 07	Endorsement/Amendment/Conditions	New	0.00	00 GL0324 00 0207.pdf
Approved	Audit Premium Endorsement	00 GL0490 00	07 08	Endorsement/Amendment/Conditions	New	0.00	00 GL0490 00 0708.pdf
Approved	Common General Liability Coverage Part Declarations	00 GL0514 00	07 08	Declaration	New	0.00	00 GL0514 00 0708.pdf
Approved	Common Policy Declarations	00 GL0512 00	07 08	Declaration	New	0.00	00 GL0512 00 0708.pdf
Approved	Contractual Liability Limitation Endorsement	00 GL0491 00	07 08	Endorsement/Amendment/Conditions	New	0.00	00 GL0491 00 0708.pdf
Approved	Coverage Extensions Endorsement - Section I - A and B	00 GL0525 00	10 08	Endorsement/Amendment/Conditions	New	0.00	00 GL0525 00 10 08.pdf
Approved	Guard Exclusion	00 GL0496	07 08	Endorsement/Amendment	New	0.00	00 GL0496 00 0708.pdf

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Approval	Description	Code	Year	Condition	Amount	File
		00		ent/Condi ons		
Approved	Incidental Medical Malpractice Coverage Endorsement	00 GL0518 00	07 08	Endorseme New nt/Amendm ent/Condi ons	0.00	00 GL0518 00 0708.pdf
Approved	Independent Contractors Requirements - Endorsement	00 GL0498 00	07 08	Endorseme New nt/Amendm ent/Condi ons	0.00	00 GL0498 00 0708.pdf
Approved	Lead Exclusion	00 GL0499 00	07 08	Endorseme New nt/Amendm ent/Condi ons	0.00	00 GL0499 00 0708.pdf
Approved	Limited Theft Extension Endorsement	00 GL0500 00	07 08	Endorseme New nt/Amendm ent/Condi ons	0.00	00 GL0500 00 0708.pdf
Approved	Lost Key Coverage Endorsement	00 GL0501 00	07 08	Endorseme New nt/Amendm ent/Condi ons	0.00	00 GL0501 00 0708.pdf
Approved	Personal Injury and Advertising Injury Definition	00 GL0503 00	07 08	Endorseme New nt/Amendm ent/Condi ons	0.00	00 GL0503 00 0708.pdf
Approved	Personal Injury Liability Extension	00 GL0504 00	07 08	Endorseme New nt/Amendm ent/Condi ons	0.00	00 GL0504 00 0708.pdf
Approved	Securities and Financial Interest Exclusion	00 GL0507 00	07 08	Endorseme New nt/Amendm ent/Condi ons	0.00	00 GL0507 00 0708.pdf
Approved	Alarm Contract Attachment Endorsement	00 GL0487 00	07 08	Endorseme New nt/Amendm ent/Condi	0.00	00 GL0487 00 0708.pdf

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Approval	Description	Code	Year	Details	Amount	File
Approved	Alarm Contract Waranty Endorsement	00 GL0488	07 08	Endorsement/Amendment/Conditions New	0.00	00 GL0488 00 0708.pdf
Approved	Deductible Liability	00 GL0493	07 08	Endorsement/Amendment/Conditions New	0.00	00 GL0493 00 0708.pdf
Approved	Designated Premises Endorsement	00 GL0404	07 08	Endorsement/Amendment/Conditions New	0.00	00 GL0404 00 0708.pdf
Approved	Employee Benefits Coverage part Declarations	00 GL0511	07 08	Declaration News/Schedule	0.00	00 GL0511 00 0708.pdf
Approved	Employers Liability (Stop Gap) Coverage Part Declarations	00 GL0513	07 08	Declaration News/Schedule	0.00	00 GL0513 00 0708.pdf
Approved	Hired Auto Non-Owned Liability Endorsement	00 GL0497	07 08	Endorsement/Amendment/Conditions New	0.00	00 GL0497 00 0708.pdf
Approved	Newly Acquired Organization Exclusion	00 GL0502	07 08	Endorsement/Amendment/Conditions New	0.00	00 GL0502 00 0708.pdf
Approved	Primary and Non Contributory Provision	00 GL0308	11 06	Endorsement/Amendment/Conditions New	0.00	00 GL0308 00 1106.pdf
Approved	Primary Insurance Endorsement	00 GL0505	07 08	Endorsement/Amendment/Conditions New	0.00	00 GL0505 00 00708.pdf
Approved	Punitive	00	07 08	Endorsement New	0.00	00 GL0506

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<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Alarm Program - General Liability Forms Filing</i>		
<i>Project Name/Number:</i>	<i>/ARCH-08-241</i>		

	Damages	GL0506		nt/Amendm		00 0708.pdf
	Exclusion	00		ent/Condi		
				ons		
Approved	Self Insured	00	07 08	Endorseme New	0.00	00 GL0508
	Retention	GL0508		nt/Amendm		00 0708.pdf
	Endorsement	00		ent/Condi		
				ons		
Approved	Specific Contract	00	07 08	Endorseme New	0.00	00 GL0509
	Attachment	GL0509		nt/Amendm		00 0708.pdf
	Endorsement	00		ent/Condi		
				ons		
Approved	Waiver of	00	07 08	Endorseme New	0.00	00 GL0510
	Transfer Rights of	GL0510		nt/Amendm		00 0708.pdf
	Recovery Against	00		ent/Condi		
	Others			ons		

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ABSOLUTE ASBESTOS EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

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:

This insurance does not apply to any claim, suit, demand or loss that alleges “bodily injury,” “property damage” or “personal and advertising injury” that, in any way, in whole or in part, arises out of, relates to or results from the “asbestos hazard”.

This exclusion includes, but is not limited to, compliance with any request, demand, order, or statutory or regulatory requirement, or any other action authorized or required by law, or any other claim, suit, demand, loss, cost, or expense arising out of, relating to or resulting from the investigation of, abating, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating or disposing of, or in any way responding to, or assessing the effects of “asbestos”, as well as any loss, costs, fees, expenses, penalties, judgments, fines, or sanctions arising out of, relating thereto or resulting therefrom.

As used in this exclusion, “asbestos hazard” means:

- (1) The actual, alleged or threatened exposure to, consumption, ingestion of, inhalation of, absorption of, existence of, or presence of, “asbestos” in any manner or form whatsoever, either directly or indirectly;
- (2) The actual or alleged failure to warn, advise or instruct related to “asbestos” in any manner or form whatsoever;
- (3) The actual or alleged failure to prevent exposure to “asbestos” in any manner or form whatsoever; or
- (4) The actual or alleged presence of “asbestos” in any manner or form whatsoever, in any place whatsoever, whether or not within a facility owned or used by the Named Insured, including its contents.

As used in this exclusion, “asbestos” means any substance, regardless of its form or state, containing asbestos.

All other terms and conditions of the Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Section II – Who Is An Insured is amended by adding the following:

Any person(s) or organization(s) whose liability you have assumed under a valid written contract but only for that person(s) or organization(s) liability arising solely out of your operations. In no event, shall coverage afforded to any additional person(s) or organization(s) be broader than coverage for the Named Insured.

Section I – Coverages, Coverage A Bodily Injury and Property Damage Liability, Paragraph 2., Exclusions is amended by adding the following:

This insurance does not apply to:

1. Any customer or a user of your goods or services who does not have a “standard contract”.
2. Person(s) or organization(s) who are contractors for whom you are a subcontractor or for whom you are otherwise providing services unless a “standard contract” has been effected. Services include but are not limited to leasing, maintaining, servicing, or monitoring of alarm systems.
3. Person(s) or organization(s) who is a manager, owner or lessor of premises leased to you for:
 - (a) "bodily injury" or "property damage" occurring after you cease to be a tenant; or
 - (b) “bodily injury” or “property damage” of those acting on your behalf.
4. Person(s) or organization(s) who is an owner or lessor of leased equipment for:
 - (a) "bodily injury" or "property damage" occurring after the equipment lease expires; or
 - (b) "bodily injury" or "property damage" arising out of the sole negligence of the owner or lessor.
5. "Bodily injury" or "property damage" the person(s) or organization(s) has assumed from another person(s) or organization(s) other than liability the person(s) or organization(s) would have had if it had not been assumed.

All other terms and conditions of the Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ASSAULT AND BATTERY COVERAGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Section I, COVERAGES, Item 2. a., Exclusions, is deleted and in lieu thereof the following is substituted:

a. Expected or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to:

1. "bodily injury" resulting from the use of physical force to protect persons or property; or
2. allegations of vicarious liability on the part of a Named Insured arising solely from the acts of "your" employees.

All other terms and conditions of the Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUDIT PREMIUM ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Section IV – Commercial General Liability Conditions, 5. is amended by deleting b. and in lieu thereof the following is substituted:

- b. Premium shown in this Coverage Part as advance premium is a deposit premium only. At the close of each audit period we will compute the premium for that period and send notice to the first Named Insured. The due date for audit and retrospective premiums is the date shown as the due date on the bill. If the audit premium is greater than the advance premium, you will owe us the difference between the audit premium and the advance premium. If the audit premium is less than the advance premium, a minimum premium equal to the advance premium will be retained by us.

Section IV – Commercial General Liability Conditions, 5. is amended by adding the following:

- d. in the event you cancel this policy, a minimum premium equal to _____ % of the advance premium or the applicable pro-rata/short rate earned premium, whichever is greater, will be retained by us.

All other terms and conditions of this Policy remain unchanged.

**COMMON GENERAL LIABILITY COVERAGE PART
DECLARATIONS**

POLICY NO.:

EFFECTIVE DATE:

NAMED INSURED:

RENEWAL OF:

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS – COMPLETED OPERATIONS)	\$
PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT	\$
PERSONAL AND ADVERTISING INJURY LIMIT	\$
EACH OCCURRENCE LIMIT	\$
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$ Any one premise
MEDICAL EXPENSE LIMIT	\$ Any one person

CLASSIFICATION PREMIUM BASIS	RATE	CODE NO.		ADVANCE PR/CO	PREMIUM ALL OTHER
				INCLUDED	
			TOTAL	\$ INCLUDED	\$
LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY			TOTAL ADVANCE PREMIUM FOR THIS COVERAGE PART		\$

FORM OF BUSINESS: Individual Joint Venture Partnership Corporation Other

THESE DECLARATIONS, WHEN COMBINED WITH THE COMMON POLICY DECLARATIONS, THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE CONTRACT OF INSURANCE.


Arch
 Insurance Group®
ARCH INSURANCE COMPANY
 (A Missouri Corporation)

Home Office Address:
 3100 Broadway, Suite 511
 Kansas City, MO 64111

Administrative Address:
 One Liberty Plaza, 53rd Floor
 New York, NY 10006
 Tel: (800) 817-3252

COMMON POLICY DECLARATIONS

Policy Number: _____

Renewal of Policy: _____

Named Insured and mailing address:

Producer Name and Address:

Policy Period: From: _____ To _____ 12:01 A.M. Standard Time at your Mailing Address above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

COVERAGE PARTS	PREMIUM	
<input checked="" type="checkbox"/> Commercial General Liability		\$
<input type="checkbox"/> Commercial Auto		\$
<input type="checkbox"/> Commercial Property		\$
<input type="checkbox"/> Commercial Inland Marine		\$
<input type="checkbox"/> Premium is payable in installments: See endorsement.	TOTAL POLICY PREMIUM	\$

FORMS APPLICABLE TO ALL COVERAGE PARTS: SEE FORMS INDEX

BUSINESS DESCRIPTION:

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE FORMS(S) AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE CONTRACT OF INSURANCE.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CONTRACTUAL LIABILITY LIMITATION ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The following is added to Section V – Definitions, 9.:

An “insured contract” does not include that part of any contract or agreement that indemnifies any person or organization for liability arising out of his or its sole negligence.

All other terms and conditions of the Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COVERAGE EXTENSIONS ENDORSEMENT - SECTION I - COVERAGES A AND B

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Other Operations:

(If no entry appears above, information required to complete this Endorsement will be shown in the Declarations as applicable to this Endorsement.)

COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Section I - Coverages) is amended as follows:

A. PROPERTY DAMAGE - BROAD

2. Exclusion J. Damage To Property, items (4), (5) and (6) do not apply to property damage arising out of work involving alarm or security system installation, servicing, repair or monitoring or from services listed on Common General Liability Coverage Part Declarations.

B. ERRORS AND OMISSIONS

This insurance applies to negligent acts, errors or omissions only in connection with work involving alarm or security system installation, servicing, repair or monitoring or from services listed on Common General Liability Coverage Part Declarations.

COVERAGE B. PERSONAL AND ADVERTISING INJURY LIABILITY (Section I - Coverages) is amended as follows:

A. ERRORS AND OMISSIONS

It is agreed that the coverage that applies for personal injury includes negligent acts, errors or omissions arising out of work involving alarm or security system installation, servicing, repair or monitoring or from services listed on Common General Liability Coverage Part Declarations.

All other terms and conditions of the Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GUARD EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Section I – Coverages, Coverage A - Bodily Injury and Property Damage Liability, Paragraph 2., Exclusions is amended by adding the following:

This insurance does not apply to:

Guards

“Bodily injury” or “property damage” liability due to security guard, patrol, or similar operation. This exclusion does not apply to direct or immediate response by armed or unarmed personnel to an alarm signal.

All other terms and conditions of the Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INCIDENTAL MEDICAL MALPRACTICE LIABILITY ENDORSEMENT

This endorsement modifies insurance provided under the **COMMERCIAL GENERAL LIABILITY POLICY**.

Under **SECTION II – WHO IS AN INSURED**, it is agreed that Paragraph **2. a. (1) (d)** is deleted and replaced by the following:

(d) Arising out of his or her providing or failure to provide professional healthcare services.

This restriction does not apply to the rendering, without charge, of emergency medical first aid due to the unavailability of other appropriate professional medical or paramedical practitioners at the time of the emergency. This only applies if such emergency medical first aid is outside of the scope of duties performed for you.

All other terms and conditions of this Policy remain unchanged.

Endorsement Number:

Policy Number:

Named Insured:

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INDEPENDENT CONTRACTORS REQUIREMENTS ENDORSEMENT

SCHEDULE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Type of Service	Independent Contractor

(If no entry appears above, information required to complete this Endorsement will be shown in the Declarations as applicable to this Endorsement.)

With respect to the services provided for the classifications listed on the Declarations, it is agreed that for any independent contractors that you use, Certificates of Insurance will be obtained providing evidence of:

1. The existence of an insurance policy providing coverage for their business operations and services; and
2. Limits of insurance that are equal to or greater than the limits of insurance provided by your commercial general liability insurance policy.

Failure to comply with this provision will not alter the coverage provided by this policy.

Should:

1. you not have the Certificates of Insurance;
2. the independent contractor not have insurance; or
3. the independent contractor have insurance but limits of liability that are less than the limits of liability provided by your commercial general liability insurance;

then the independent contractor will be considered one of your employees for premium computation purposes and your premium will include this additional exposure.

All other terms and conditions of the Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LEAD EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

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:

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury liability" arising out of the actual, alleged or threatened exposure to lead, paint containing lead, or any other material or substance containing lead; or
2. Any loss, cost or expense arising out of any:
 - a. Request, demand or order that any insured or others test for, monitor, clean up, remove or contain, or in any way respond to, or assess the effects of lead, paint containing lead, or any other material or substance containing lead; or
 - b. Claim or "suit" by or on behalf of any person, organization or governmental authority for damages because of testing for, monitoring, cleaning up or removing, containing, or in any way responding to, or assessing the effects of lead, paint containing lead, or any other material or substance containing lead.

All other terms and conditions of the Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LIMITED THEFT EXTENSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

The coverage extension provided by this endorsement is subject to the following deductible and sublimit provisions:

Deductible:		per occurrence
Limit:	\$	per occurrence
Aggregate Limit:	\$	

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement)

A. Section V – Definitions, Paragraph 17. , “Property damage” is amended by adding the following:

Theft or loss of property.

B. Section I - Coverages, Coverage A Bodily Injury and Property Damage Liability, Paragraph 2. Exclusions, is amended by adding the following:

This insurance does not apply to:

1. Theft by the insured or any “employee” of the insured;
2. Theft or loss of money, securities or other valuables of others, while being transported by the insured or held on the insured’s premises, in any capacity;
3. Loss or that part of any loss of inventory, the proof of which, either as to its factual existence or as to its amount, is dependent upon an inventory computation or enumeration, a comparison of inventory records with an actual physical count of inventory or upon a profit and loss computation to establish the amount of any loss; or
4. Any liability for theft of property assumed by the insured in writing under contract, lease or agreement unless such liability would have been covered hereunder even in the absence of such contract, lease or agreement.

C. The following is added to Section III - Limits of Insurance:

Subject to Paragraph 5. the Aggregate Limit shown in the Schedule is the most we will pay for all “property damage” payable under the terms of this endorsement. Subject to the Aggregate Limit, the per occurrence limit shown in Schedule is the most we will pay for all “property damage” payable under the terms of this endorsement.

All other terms and conditions of the Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOST KEY COVERAGE ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

The coverage extension provided by this endorsement is subject to the following deductible and sublimit provisions:

Deductible:		per occurrence
Limit:	\$	per occurrence
Aggregate Limit:	\$	

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement)

Section I – Coverages, Coverage A Bodily Injury and Property Damage Liability, is amended as follows:

Coverage for property of others in the care, custody and control of the insured is extended to add the loss of keys which are in the possession of the insured or the insureds employees subject to the following additional provisions:

A. Our liability for all damages because of property damage due to lost keys is limited to:

- (1) The actual cost of keys;
- (2) Adjustment of locks to accept new keys; or
- (3) New locks, if required, including cost of their installation.

B. The following is added to Section III - Limits of Insurance:

Subject to 5. above, the Aggregate Limit shown for the Lost Key Coverage provided by this endorsement is the most that we will pay for all “property damage” payable under the terms of this endorsement. Subject to the Aggregate Limit, the per occurrence limit shown for the Lost Key Coverage is the most we will pay for all property damage payable under the terms of this endorsement.

All other terms and conditions of the Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PERSONAL INJURY AND ADVERTISING INJURY DEFINITION

This endorsement modifies insurance provided under this Policy.

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Section V- Definitions, 14. is deleted and in lieu thereof the following is substituted:

14. a. "Advertising injury" means injury arising out of one or more of the following offenses:
 1. Oral or written publication of material that slanders or libels a person or organization or disparages a person's or organization's goods, products or services;
 2. Oral or written publication of material that violates a person's right to privacy;
 3. Misrepresentation of advertising ideas or style of doing business; or
 4. Infringement of copyright, title or slogan.
- b. "Personal injury" means injury other than "bodily injury", arising out of one or more of the following offenses:
 1. False arrest, detention, or imprisonment;
 2. Malicious prosecution;
 3. The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises, that a person occupies, by or on behalf of its owner, landlord or lessor;
 4. Oral or written publication of material that slanders or libels a person, organization or an organization's goods, products, or services; or
 5. Oral or written publication of material that violates a person's right to privacy.
- c. All references to "Personal and advertising injury" is amended to read "personal injury" or "advertising injury".

All other forms and conditions of the Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PERSONAL INJURY LIABILITY EXTENSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section I, Coverage B, Personal And Advertising Injury Liability, Exclusion 2. e. is deleted from the policy with respect to "personal injury" only.
- B. Section II, Who Is An Insured, Item 2.a. (1) is amended to exclude the words "personal injury and advertising injury".

All other terms and conditions of the Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SECURITIES AND FINANCIAL INTEREST EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

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:

This insurance does not apply to:

1. The purchase, or sale, or offer of sale, or solicitation of any security, debt, bank deposit or financial interest or instrument;
2. Any representations made at any time in relation to the price or value of any security, debt, bank deposit or financial interest or instrument; or
3. Any depreciation or decline in price of any security, debt, bank deposit or financial interest or instrument.
4. The defense of any claim that may allege any of the foregoing.

All other terms and conditions of the Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ALARM CONTRACT ATTACHMENT ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Section IV – Commercial General Liability Conditions is amended to include the following:

All Coverage Parts included in this policy are subject to the following conditions.

Alarm Contract Attachment

The “standard contract(s)” referenced below form(s) part of the policy:

All other terms and conditions of the Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ALARM CONTRACT WARRANTY ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

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 is amended to include the following:

Except for:

1. the sale of alarm system(s) prior to inception of this policy, or
2. an “occurrence” caused directly by an employee while on a customer's premises,

if “bodily injury” or “property damage” occurs as a result of the installation, maintenance, servicing, or monitoring of alarm systems and the “bodily injury” or “property damage” occurs prior to the inception of a “standard contract”, this insurance does not apply.

Section V – Definitions is amended to include the following:

"Standard contract" shall mean:

A written contract:

1. to provide goods and services to a customer approved by us and attaching to this policy. If a “standard contract” can not be produced and it is determined that it is your practice to have a “standard contract” in force, a “standard contract” will be deemed to have existed.
2. to provide goods and services to a customer you have permanently ceased using prior to the inception of this policy.
3. you enter into as a receiver of goods or services. This does not include any contract in which you assume obligation for monitoring of alarm systems unless we have approved and attached it to this policy.

All other terms and conditions of the Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEDUCTIBLE LIABILITY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

	Per Occurrence
Bodily Injury Liability	\$
Property Damage Liability	\$
Personal and Advertising Injury Liability	\$
Bodily Injury / Property Damage Liability / Personal and Advertising Injury Liability Combined	\$

(If no entry appears above, information required to complete this Endorsement will be shown in the Declarations as applicable to this Endorsement.)

A. Our obligation under the Bodily Injury Liability, Property Damage Liability and Personal and Advertising Injury Liability Coverages to pay damages on your behalf applies only to the amount of damages in excess of any deductible amounts stated in the Schedule above as applicable to such coverages.

B. The deductible amount indicated in the Schedule above is on a per occurrence basis and applies to all damages because of:

- (1) Bodily Injury Liability
- (2) Property Damage Liability
- (3) Personal and Advertising Injury Liability
- (4) Bodily Injury / Property Damage Liability / Personal and Advertising Injury Liability Combined

as the result of any one "occurrence", regardless of the number of persons or organizations who sustain damages because of that "occurrence".

C. The terms of this insurance, including those with respect to:

- 1. Our right and duty to defend the insured against any "suits" seeking those damages; and
- 2. Your duties in the event of an "occurrence", claim, or "suit"

apply irrespective of the application of the deductible amount.

D. We may pay any part or all of the deductible amount to effect settlement of any claim or suit and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as has been paid by us.

All other terms and conditions of the Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED PREMISES ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Description and Location of Premises:

(If no entry appears above, information required to completed this endorsement will be shown in the Declarations as applicable to this endorsement)

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:

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury liability" arising out of the ownership, maintenance or use of the premises shown in the Schedule or any property located on these premises; or
2. "Bodily injury", "property damage" or "personal and advertising injury liability" arising out of the operations on those premises or elsewhere which are necessary or incidental to the ownership, maintenance or use of those premises.

All other terms and conditions of the Policy remain unchanged.

**EMPLOYEE BENEFITS LIABILITY COVERAGE PART
DECLARATIONS**

Policy No.

LIMITS OF INSURANCE	
\$	Aggregate Limit
\$	Each Claim Limit (Subject to a \$1000 deductible)

FORM OF BUSINESS:

- Individual
 Partnership
 Joint Venture
 Corporation
 Other

PREMIUM SCHEDULE:	
Code No.	Premium
	\$
TOTAL PREMIUM FOR THIS COVERAGE PART	\$
FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART	

RETROACTIVE DATE:

(Enter date of "None" if no Retroactive Date applies.)

This insurance does not apply to damages caused by an "Employee Benefits Incident" which occurred before the Retroactive Date, if any, show

**EMPLOYERS LIABILITY (STOP GAP) COVERAGE PART
DECLARATIONS**

Policy No.

LIMITS OF INSURANCE:

Bodily Injury by Accident

\$	Each Accident
----	---------------

Bodily Injury by Disease

\$	Aggregate
\$	Each Employee

FORM OF BUSINESS:

- Individual
 Partnership
 Joint Venture
 Corporation
 Other _____

STATES COVERED:

PREMIUM SCHEDULE:

Classification	Code No.	Premium Basis	Rate	Advance Premium
				\$

TOTAL ADVANCE PREMIUM FOR THIS COVERAGE PART: \$

PREMIUM BASIS: The Premium Basis is remuneration which includes payroll and all other remuneration paid or payable during the policy period for the services of all your officers and employees reported under the workers compensation fund of any state listed above.

AUDIT PERIOD:
 Annually
 Semi-annually
 Quarterly
 Monthly

FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

HIRED AUTO AND NON-OWNED AUTO LIABILITY ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Insurance is provided only with respect to those coverages for which a specific premium charge is shown:

Coverage	Additional Premium
Non-Owned Auto Liability	\$
Hired Auto Liability	\$

Subject to the terms and conditions of the policy not expressly modified herein, the following provisions apply with respect to Hired Auto And Non-Owned Auto Liability:

- A. The following is added to **SECTION I – COVERAGES:**

HIRED AUTO LIABILITY

We will pay on behalf of the insured all sums that the insured shall become legally obligated to pay as damages because of "bodily injury" or "property damage" arising out of the maintenance or use of a "hired auto" by you or your "employees" in the course of your business.

- B. The following is added to **SECTION I – COVERAGES:**

NON-OWNED AUTO LIABILITY

We will pay on behalf of the insured all sums that the insured shall become legally obligated to pay as damages because of "bodily injury" or "property damage" arising out of the use of a "non-owned auto" by any person other than you in the course of your business.

- C. With respect to the insurance provided by this endorsement, under **SECTION I – COVERAGES, 2. Exclusions:**

1. **Exclusions b., c., e., g., h., j., k., l., m. and n.** do not apply.
2. The following additional exclusions apply:

This insurance does not apply to:

- a. "Bodily injury" or "property damage" for which the insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages:

- (1) That the insured would have in the absence of the contract or agreement;

or

- (2) Assumed in a contract or agreement that is an "insured contract," provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement.

b. "Bodily injury" to:

- (1) (a) An "employee" of the insured arising out of and in the course of employment by the insured; or
- (b) An "employee" performing duties related to the conduct of the insured's business except with respect to the rendering or failure to render medical or paramedical services to "employees" of the insured by any nurse, emergency medical technician, or paramedic who is employed by the insured to provide such service, but only if the insured is not engaged in the business or occupation of providing such services; or
- (2) The spouse, child, parent, brother or sister of that "employee" as a consequence of (1) above.

This exclusion applies:

- (1) Whether the insured may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

This exclusion does not apply to:

- (1) Liability assumed by the insured under an "insured contract;" or
- (2) "Bodily injury" to domestic "employees" not entitled to workers' compensation benefits.

c. "Property damage" to:

- (1) Property owned or being transported by, or rented or loaned to the insured; or
- (2) Property in the care, custody or control of the insured.

D. For the purposes of this endorsement only, **SECTION II - WHO IS AN INSURED** is deleted in its entirety and replaced by the following:

Each of the following is an insured under this insurance to the extent set forth below:

1. You.
2. Any other person using a "hired auto" with your permission.
3. With respect to a "non-owned auto", any partner or executive officer of yours, but only while such "non-owned auto" is being used in your business.
4. Any other person or organization, but only with respect to their liability because of acts or omissions of an insured under paragraphs 1., 2. or 3. above.

None of the following is an insured:

1. Any partner engaged in the business of his or her employer with respect to "bodily injury" to any co- "employee" of such person injured in the course of employment;
2. Any partner or executive officer with respect to any "auto" owned by such partner or officer or a member of his or her household;
3. Any person while employed in or otherwise engaged in duties in connection with an "auto business," other than an "auto business" you operate;
4. The owner or lessee (of whom you are a sublessee) of a "hired auto" or the owner of a "non-owned auto" or any agent or "employee" of any such owner or lessee;
5. Any person or organization with respect to the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.

E. LIMITS OF INSURANCE

1. Under **SECTION III – LIMITS OF INSURANCE**, Paragraph **2. b.** is deleted in its entirety and replaced by the following:
 2. The General Aggregate Limit is the most we will pay for the sum of:
 - b. Damages, under "bodily injury" or "property damage," except such damages:
 - (i) Under Hired Auto And Non-Owned Auto Liability coverage as provided in this endorsement; and
 - (ii) For "bodily injury" or "property damage" included in the "products - completed operations hazard;"
2. Solely with respect to the coverage provided by this endorsement, under **SECTION III – LIMITS OF INSURANCE**, Paragraph **5.** is deleted in its entirety and replaced by the following:
 5. The Each Occurrence Limit is the most we will pay for the sum of damages because of all "bodily injury" and "property damage" arising out of an accident.

- F.** For the purpose of this endorsement only, under **SECTION V – DEFINITIONS**, Definition **10.** "insured contract" is amended by the addition of the following:

"Insured contract" means:

That part of any contract or agreement entered into, as part of your business, pertaining to the rental or lease, by you or any of your "employees," of any "auto." However, such contract or agreement shall not be considered an "insured contract" to the extent it obligates you or any of your "employees" to pay for "property damage" to any "auto" rented or leased by you or any of your "employee".

- G.** For the purposes of this endorsement only, **SECTION V – DEFINITIONS** is amended to include the following additional definitions:

1. "Auto business" means the business or occupation of selling, repairing, servicing, storing, or parking "autos."

2. "Hired auto" means any "auto" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", your partners or your executive officers, or members of their households.
3. "Non-owned auto" means any "auto" you do not own, lease, hire, rent or borrow which is used in connection with your business. This includes "autos" owned by your "employees," your partners or your executive officers, or members of their households, but only while used in your business or your personal affairs.

All other terms and conditions of the Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NEWLY ACQUIRED ORGANIZATION EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Section II – Who Is An Insured, 3. is deleted in its entirety.

All other terms and conditions of the Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY AND NONCONTRIBUTORY PROVISION – YOUR OPERATIONS FOR
NAMED PERSON ENDORSEMENT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Paragraph 4., Other Insurance of Conditions (Section IV) is amended by the addition of the following:

If insurance similar to this insurance is held by a person or organization named below, this insurance is primary to that other insurance, and that other insurance shall not contribute to amounts payable under this insurance, for liability arising out of your ongoing operations performed for that person or organization under a written contract. However, this does not apply if you did not receive a specific written request from the person or organization named below:

- a. That this insurance be primary: or
- b. If that request was not received by you prior to the date that your operations for that person or organization commenced.

SCHEDULE

Name of Person or Organization:

All other terms and conditions of the Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY INSURANCE ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Client(s)	Type of Service

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

With respect to the contract for security or investigative operations or out of operations from the type of services listed for the client named in the Schedule, Section IV – Commercial General Liability Conditions, 4.b. Excess Insurance is deleted.

All other terms and conditions of the Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PUNITIVE DAMAGES EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

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:

This insurance does not apply to:

Punitive damages, treble damages, fines, penalties or exemplary damages.

All other terms and conditions of the Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**SELF – INSURED RETENTION ENDORSEMENT
(ALAE reduce SIR)**

This Endorsement forms a part of the insurance provided under the Policy. Please read it carefully.

SCHEDULE

Coverage	Amount and Basis of Self-Insured Retention	
Bodily Injury Liability	\$ _____	per "claim"
	\$ _____	per "occurrence"
Property Damage Liability	\$ _____	per "claim"
	\$ _____	per "occurrence"
Bodily Injury Liability and Property Damage Liability Combined	\$ _____	per "claim"
	\$ _____	per "occurrence"
Personal and Advertising Injury	\$ _____	per "claim"
	\$ _____	per "occurrence"
	\$ _____	per any one person or organization
Fire	\$ _____	per fire
Medical Expenses	\$ _____	per person
Aggregate Amount	\$ _____	

(If no entry appears in the above Schedule, information required to complete this Endorsement will be shown in the Declarations as applicable to this Endorsement.)

APPLICATION OF ENDORSEMENT

- Our obligation to pay those sums that you become legally obligated to pay as damages applies only to the amount of damages in excess of any Self-Insured Retention amounts stated in the Schedule above to which the Policy would otherwise apply, subject to the Limits of Insurance set forth in the Declarations applicable to this Endorsement and the "occurrences" to which the Policy apply.

"Allocated Loss Adjustment Expenses" for claims within the Self-Insured Retention shall be paid by you and shall reduce the Self-Insured Retention amounts stated in the above Schedule. After the

Self-Insured Retention amount has been exceeded, we shall pay all "Allocated Loss Adjustment Expenses".

"Allocated Loss Adjustment Expenses" is defined as those expenses under the "Supplementary Payments" section of the Policy which we directly allocate to a particular claim.

2. The Self-Insured Retention amounts stated in the above Schedule on a "per claim" basis, on a "per occurrence" basis or as an "Aggregate" apply as follows:

A. **PER CLAIM BASIS** - if the Self-Insured Retention is on a "per claim" basis, the Self-Insured Retention amount applies:

1. Under the Bodily Injury Liability or Property Damage Liability Coverage, respectively:

a. To all damages because of "bodily injury" sustained by one person, or

b. To all damages because of "property damage" sustained by one person or organization, as the result of any one "occurrence".

2. Under Bodily Injury Liability and Property Damage Liability Coverage combined, to all damages because of "bodily injury" and "property damage" sustained by one person or organization as the result of any one "occurrence".

3. Under the Personal and Advertising Injury Coverage, to all damages because of "personal injury" and "advertising injury" sustained by one person or organization, as the result of any one "occurrence".

B. **PER OCCURRENCE BASIS** - if the Self-Insured Retention is on a "per occurrence" basis, the Self-Insured Retention amount applies:

1. Under Bodily Injury Liability or Property Damage Liability Coverage, respectively:

a. To all damages because of "bodily injury" as the result of any one "occurrence", or

b. To all damages because of "property damage" as the result of any one "occurrence"

regardless of the number of persons or organizations who sustain damages because of that "occurrence".

2. Under Bodily Injury Liability and Property Damage Liability Coverage combined, to all damages because of "bodily injury" and "property damage" as the result of any one "occurrence" regardless of the number of persons or organizations who sustain damages because of that "occurrence".

3. Under the Personal and Advertising Injury Coverage, to all damages because of "personal injury" and "advertising injury" as the result of any one "occurrence" regardless of the number of persons or organizations who sustain damages because of that "occurrence".

- C. **AGGREGATE AMOUNT** - if an "Aggregate Amount" is shown in the above Schedule:
1. When as a result of the application of the Self-Insured Retention, the total of all paid Self-Insured Retention losses exceeds the amount shown as "Aggregate Amount" in the above Schedule, we will then pay for all damages that would otherwise be payable without applying any further Self-Insured Retention, but the amount we will pay is limited as described under all provisions of the Policy applying to the Limits of Insurance.
 2. The "Aggregate Amount" applies separately to each policy year. Each policy year:
 - a. begins with the inception or anniversary date of the Policy; and
 - b. ends at the next anniversary date or the expiration of the Policy.
3. In the event of any "occurrences", "claims" or "suits" which have or may result in payments within the Self-Insured Retention amount or the Limits of Insurance:
- A. You must notify us in writing as soon as practicable but not later than 60 days after you receive notice of any "occurrence", "claims" or "suit" involving:
 1. a fatality;
 2. dismemberment or amputation;
 3. paraplegia or quadriplegia;
 4. loss or impairment of eyesight or hearing;
 5. any loss which in your reasonable judgement, taking into account past or anticipated "Allocated Loss Adjustment Expenses" in connection with the loss, may result in payments equal to or exceeding \$ _____ of the Self-Insured Retention;
 6. brain injuries;
 7. burns; or
 8. any claim in which a "suit" has been filed.
 - B. On a _____ basis, you or your loss adjusting representative must provide us with a written summary of all "occurrences", "claims" or "suits" which have or may result in payments within the Self-Insured Retention. This written summary must show:
 1. the date of the "occurrence," and
 2. the name (s) of the injured person (s) or identification of the damaged property, and
 3. a description of the injury or damage, and
 4. the amount paid or set aside as a reserve, including "Allocated Loss Adjustment Expenses", resulting from the "occurrence", "claim" or "suit".
 - C. We reserve the right to audit and review the claim handling by the claim service provider at any time, and to verify that procedures, documentation and all other reasonable requirements are met.

4. You shall be responsible for the investigation, defense and settlement of any "claim" or "suit" for damages with the Self-Insured Retention, and for the payment of all "Allocated Loss Adjustment Expenses". You shall exercise utmost good faith, diligence and prudence to settle all "claims" and "suits" within the Self-Insured Retention.

We shall have the right but not the duty to participate with you at our own expense in the defense or settlement of any "claim" or "suit" seeking damages covered under the Policy. In the event of a "claim" or "suit" which in our reasonable judgement may result in payments, including "Allocated Loss Adjustment Expenses", in an amount in excess of the Self-Insured Retention, we may, at our sole discretion, assume control of the defense or settlement of such "claim" or "suit". You will continue to be responsible for the payment of the Self-Insured Retention.

5. We shall only be liable for losses covered under the Policy up to the Limits of Insurance in excess of the Self-Insured Retention listed in the Schedule hereof, whether or not such Self-Insured Retention is recoverable or collectible.
6. If other insurance, whether or not recoverable or collectible, is available to you which is applicable to any "occurrence", "claim" or "suit" within the Self-Insured Retention, you shall continue to be responsible for the Self-Insured Retention listed in the Schedule hereof.

All other terms and conditions of the Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SPECIFIC CONTRACT ATTACHMENT ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Section IV – Commercial General Liability Conditions is amended to include the following:

All Coverage Parts included in this policy are subject to the following conditions.

Specific Contract Attachment

“Standard contract(s)” includes a contract(s) between the Insured, as defined in Section II – Who Is An Insured, and the following parties:

All other terms and conditions of the Policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER RIGHTS OF RECOVERY AGAINST OTHERS

This endorsement modifies insurance provided under the following:

OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART

SCHEDULE

Designated Person or Organization:

Contract Number:

Description of Project:

Location of Project:

We waive any right of recovery we may have against the person or organization designated in the Schedule as subject to this endorsement because of payments we make for injury or damage arising out of work you perform under a contract with the designated person or organization. The waiver applies only to the designated person or organization and the work you perform must be under the contract, and for the project and location, designated in the Schedule.

All other terms and conditions of the Policy remain unchanged.

SERFF Tracking Number: *REGU-125872143* *State:* *Arkansas*
Filing Company: *Arch Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *ARCH-08-241*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *Alarm Program - General Liability Forms Filing*
Project Name/Number: */ARCH-08-241*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: REGU-125872143 State: Arkansas
Filing Company: Arch Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: ARCH-08-241
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Alarm Program - General Liability Forms Filing
Project Name/Number: /ARCH-08-241

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty	Review Status: Approved	10/24/2008
Comments:		
Attachment: AR - NAIC.pdf		
Satisfied -Name: Memo	Review Status: Approved	10/24/2008
Comments:		
Attachment: Alarm Exp Memo.pdf		
Satisfied -Name: Forms List	Review Status: Approved	10/24/2008
Comments:		
Attachment: Forms List.pdf		
Satisfied -Name: Auth Letter	Review Status: Approved	10/24/2008
Comments:		
Attachment: Auth Letter.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	

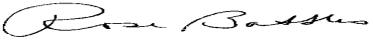
3. Group Name	Group NAIC #
Arch Capital	1279

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Arch Insurance Company	MO	11150	43-0990710	

5. Company Tracking Number	ARCH-08-241
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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
	Rose Battles, IRC 50 Broad St Suite 501 New York, NY 10004	Analyst	(941) 926-0144	(212) 571-2502	rosebattles@ircllc.com

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

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

9. Type of Insurance (TOI)	17.0 Other Liability - Claims Made/Occurrence
10. Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Alarm Program
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: Upon Approval Renewal:
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	10/24/2008
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 # ARCH-08-241

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

Arch Insurance Company (AIC), a member of Insurance Services Office (ISO), is filing an independent General Liability forms filing for its new Alarm Program in your state. The corresponding rates and rules are not required to be filed, as per your state requirements.

The Alarm Program provides general liability coverage for businesses that install, repair and monitor alarm systems.

The Alarm Program consists of the ISO CGL coverage form, the ISO mandatory state specific forms on file for AIC in your state and some additional independent forms included in this filing.

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 #	ARCH-08-241			
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	Absolute Asbestos Exclusion	00 GL0489 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Additional Insured Endorsement	00 GL0486 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Assault and Battery Coverage Endorsement	00 GL0324 00 02 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Audit Premium Endorsement	00 GL0490 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Common General Liability Coverage Part Declarations	00 GL0514 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Common Policy Declarations	00 GL0512 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Contractual Liability Limitation Endorsement	00 GL0491 00 07 0 8	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Coverage Extensions Endorsement - Section I - A and B	00 GL0525 00 10 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Guard Exclusion	00 GL0496 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Incidental Medical Malpractice Coverage Endorsement	00 GL0518 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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 #	ARCH-08-241			
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	Independent Contractors Requirements Endorsement	00 GL0498 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Lead Exclusion	00 GL0499 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Limited Theft Extension Endorsement	00 GL0500 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Lost Key Coverage Endorsement	00 GL0501 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Personal Injury and Advertising Injury Definition	00 GL0503 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Personal Injury Liability Extension	00 GL0504 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Securities and Financial Interest Exclusion	00 GL0507 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Alarm Contract Attachment Endorsement	00 GL0487 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Alarm Contract Warranty Endorsement	00 GL0488 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Deductible Liability	00 GL0493 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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 #	ARCH-08-241			
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	Designated Premises Endorsement	00 GL0404 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Employee Benefits Liability Coverage Part Declarations	00 GL0511 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Employers Liability (Stop Gap) Coverage Part Declarations	00 GL0513 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Hired Auto Non-Owned Auto Liability Endorsement	00 GL0497 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Newly Acquired Organization Exclusion	00 GL0502 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Primary and Non Contributory Provision	00 GL0308 00 11 06	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Primary Insurance Endorsement	00 GL0505 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Punitive Damages Exclusion	00 GL0506 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	Self Insured Retention Endorsement	00 GL0508 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	Specific Contract Attachment Endorsement	00 GL0509 00 07 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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 #	ARCH-08-241			
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	Waiver of Transfer Rights of Recovery Against Others	00 GL0510 00 07 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		

Alarm Program
Explanatory Memorandum
General Liability Rates, Rules and Forms

Arch Insurance Company (AIC), a member of Insurance Services Office (ISO), is filing an independent General Liability rates, rules and forms filing for its new Alarm Program in your state.

This new program is written for Alarm companies that install, repair and monitor alarm systems. The base rates are for rating classes 91127 (alarms and alarm systems installation servicing or repairs), 91130 (alarm security system monitoring), 92451 (Electrical Apparatus - installation, servicing or repair) or 99650 (TV or Radio Receiving Systems - installation, servicing or repair).

AIC is filing new base rates and rating factors for use with this new Alarm program. These base rates and rating factors are based on rates approved for the State National Insurance Company during 1999.

The Alarm Program forms consist of the ISO CGL coverage form, the ISO mandatory state specific forms on file for AIC in your state and some additional independent forms included in this filing.

Arch Insurance Company
ALARM PROGRAM LIST OF INDEPENDENT FORMS

Mandatory Forms	Form Number	Edition Date	Type
Absolute Asbestos Exclusion	00 GL0489 00	07 08	END-Mandatory
Additional Insured Endorsement	00 GL0486 00	07 08	END-Mandatory
Assault and Battery Coverage Endorsement	00 GL0324 00	02 07	END-Mandatory
Audit Premium Endorsement	00 GL0490 00	07 08	END-Mandatory
Common General Liability Coverage Part Declarations	00 GL0514 00	07 08	DEC-Mandatory
Common Policy Declarations	00 GL0512 00	07 08	DEC-Mandatory
Contractual Liability Limitation Endorsement	00 GL0491 00	07 08	END-Mandatory
Coverage Extensions Endorsement - Section I - A and B	00 GL0525 00	10 08	END-Mandatory
Guard Exclusion	00 GL0496 00	07 08	END-Mandatory
Incidental Medical Malpractice Coverage Endorsement	00 GL0518 00	07 08	END-Mandatory
Independent Contractors Requirements Endorsement	00 GL0498 00	07 08	END-Mandatory
Lead Exclusion	00 GL0499 00	07 08	END-Mandatory
Limited Theft Extension Endorsement	00 GL0500 00	07 08	END-Mandatory
Lost Key Coverage Endorsement	00 GL0501 00	07 08	END-Mandatory
Personal Injury and Advertising Injury Definition	00 GL0503 00	07 08	END-Mandatory
Personal Injury Liability Extension	00 GL0504 00	07 08	END-Mandatory
Securities and Financial Interest Exclusion	00 GL0507 00	07 08	END-Mandatory
Optional Endorsements			
Alarm Contract Attachment Endorsement	00 GL0487 00	07 08	END-Optional
Alarm Contract Warranty Endorsement	00 GL0488 00	07 08	END-Optional
Deductible Liability	00 GL0493 00	07 08	END-Optional
Designated Premises Endorsement	00 GL0404 00	07 08	END-Optional
Employee Benefits Liability Coverage Part Declarations	00 GL0511 00	07 08	DEC-Optional
Employers Liability (Stop Gap) Coverage Part Declarations	00 GL0513 00	07 08	DEC-Optional
Hired Auto Non-Owned Auto Liability Endorsement	00 GL0497 00	07 08	END-Optional
Newly Acquired Organization Exclusion	00 GL0502 00	07 08	END-Optional
Primary and Non Contributory Provision	00 GL0308 00	11 06	END-Optional
Primary Insurance Endorsement	00 GL0505 00	07 08	END-Optional
Punitive Damages Exclusion	00 GL0506 00	07 08	END-Optional
Self Insured Retention Endorsement	00 GL0508 00	07 08	END-Optional
Specific Contract Attachment Endorsement	00 GL0509 00	07 08	END-Optional
Waiver of Transfer Rights of Recovery Against Others	00 GL0510 00	07 08	END-Optional



www.archinsurance.com

One Liberty Plaza
53rd Floor
New York, NY 10006

212 651 6500 Telephone
212 651 6499 Fax

LETTER OF FILING AUTHORIZATION

This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of Arch Insurance Company. This authorization extends to all correspondence regarding this filing.

Carol Kennedy
Name

Oct. 15, 2008
Date

Vice President
Title

Arch Insurance Company
Company

Carol Kennedy
Signature

(212) 651-9863
Telephone Number

**Re: Arch Insurance Company
NAIC Number 1279-11150 FEIN No.: 43-0990710
Alarm Program
General Liability Rates, Rules and Forms Filing**