

SERFF Tracking Number: WESA-125847923 *State:* Arkansas
Filing Company: United States Liability Insurance Company *State Tracking Number:* #31076 \$50
Company Tracking Number: PROF-SP-08-43
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0019 Professional Errors & Omissions Liability
Product Name: Specified Professions Errors and Omissions Liability Product
Project Name/Number: Submission of Specified Professions Errors and Omissions Liability Product/PROF-SP-08-43

Filing at a Glance

Company: United States Liability Insurance Company

Product Name: Specified Professions Errors and Omissions Liability Product SERFF Tr Num: WESA-125847923 State: Arkansas

TOI: 17.0 Other Liability - Claims Made/Occurrence SERFF Status: Closed State Tr Num: #31076 \$50

Sub-TOI: 17.0019 Professional Errors & Omissions Liability Co Tr Num: PROF-SP-08-43 State Status: Fees verified and received

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

Author: Westmont Associates Disposition Date: 10/15/2008

Date Submitted: 10/09/2008 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: Submission of Specified Professions Errors and Omissions Liability Product

Status of Filing in Domicile: Pending

Project Number: PROF-SP-08-43

Domicile Status Comments: Pending in Pennsylvania

Reference Organization: None

Reference Number: None

Reference Title: n/a

Advisory Org. Circular: n/a

Filing Status Changed: 10/16/2008

State Status Changed: 10/15/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Submission of the Company's Specified Professions Errors and Omissions Liability form product.

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Company and Contact

Filing Contact Information

(This filing was made by a third party - westmontassociatesinc)

Meghan Slenkamp, Analyst meghans@westmontlaw.com
 25 Chestnut Street (856) 216-0220 [Phone]
 Haddonfield, NJ 08033

Filing Company Information

United States Liability Insurance Company CoCode: 25895 State of Domicile: Pennsylvania
 25 Chestnut Street Group Code: 31 Company Type: Property and Casualty

Suite 105
 Haddonfield, NJ 08033 Group Name: State ID Number:
 (856) 216-0220 ext. [Phone] FEIN Number: 23-1383313

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United States Liability Insurance Company	\$0.00	10/09/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
31076	\$50.00	10/08/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/15/2008	10/16/2008

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Disposition

Disposition Date: 10/15/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125847923 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Form Comparison	Approved	Yes
Form	TRAVEL AGENTS ENDORSEMENT	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	TRAVEL AGENTS ENDORSEMENT	SP 258 (10/08)	10 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 SP 258 (10/99) Previous Filing #:		SP 258 _10-08_.pdf

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This Endorsement modifies insurance provided under the following:

SPECIFIED PROFESSIONS ERRORS AND OMISSIONS LIABILITY

TRAVEL AGENTS ENDORSEMENT

In consideration of the premium paid, it is agreed that the **Company** shall not be liable to make any payment for **Loss** or **Claim Expenses** in connection with any **Claim** made against any **Insured** based upon, arising out of, directly or indirectly resulting from, in consequence of, or any way involving:

- selling or recommending the purchases of, or failure to sell or recommend the purchase of insurance;
- involving advertiser liability; broadcaster liability; false or misleading advertising; piracy or unfair competition; idea misappropriation under implied contract; any invasion of rights or privacy in advertisement, publicity, broadcast, or telecast; or infringement of copyright, title or slogan;
- insolvency, liquidation or financial inability to pay of the insured, any insured, any insurer, self- insurer, trust, insurance plan or other vehicle or instrumentality which provides coverage or benefits.

It is further understood and agreed that this exclusion does not apply to the selling or recommending the purchase of or failure to sell or recommend the purchase of travel insurance for the benefit of persons for whom an Insured has made travel arrangements.

All other terms and conditions of this **Policy** remain unchanged. This endorsement is a part of your **Policy** and takes effect on the effective date of your **Policy** unless another effective date is shown.

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 10/15/2008

Comments:

Attachment:

NAIC 01-06.pdf

Satisfied -Name: Letter of Authorization **Review Status:** Approved 10/15/2008

Comments:

Attached is the Letter of Authorization

Attachment:

Westmont Authorization Letter.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 10/15/2008

Comments:

Attachment:

Cover Letter - USLI.pdf

Satisfied -Name: Form Comparison **Review Status:** Approved 10/15/2008

Comments:

Attached is the form comparison of form SP 248 (10/08) compared to the previously approved form SP 248 (10/99).

Attachment:

SP 258 Comparison.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

AR _____

1. Reserved for Insurance Dept. Use Only

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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 #
Berkshire Hathaway, Inc.	0031

4. Company Name(s)	Domicile	NAIC #	FEIN #
United States Liability Insurance Company	PA	25895	23-1383313

5. Company Tracking Number	PROF-SP-08-43
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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
Meghan Slenkamp Westmont Associates, Inc.	Analyst	(856) 216-0220	(856) 216-0303	meghans@westmontlaw.com
25 Chestnut Street, Suite 105, Haddonfield, NJ 08033				
7. Signature of authorized filer		<i>Meghan Slenkamp</i>		
8. Please print name of authorized filer		Meghan Slenkamp		

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

9. Type of Insurance (TOI),	Please select from the drop down list. 17.0 - Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.0019 Professional Errors & Omissions Liability
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	n/a
12. Company Program Title (marketing title)	Professional Errors & Omissions Liability
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: _____
14. Effective Date(s) Requested	New: <input type="checkbox"/> Upon Approval Renewal: <input type="checkbox"/> Upon Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> (No)
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	10/7/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document ---

20.	This filing transmittal is part of Company Tracking #	PROF-SP-08-43
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Submission of the Company's Specified Professions Errors and Omissions Liability form product.

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]
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Check #: 31076

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 #	PROF-SP-08-43			
2.	This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small>	n/a			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	TRAVEL AGENTS ENDORSEMENT	SP 258 (10/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	SP 258 (10/99)	
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



UNITED STATES LIABILITY INSURANCE GROUP

A BERKSHIRE HATHAWAY COMPANY

190 South Warner Road, P.O. Box 6700, Wayne, PA 19087-4391
610.688.2535 888.523.5545 Fax 610.688.4391

1/7/2008

RE: United States Liability Ins Company: NAIC #0031-25895 FEIN#23-1383313
Mount Vernon Fire Insurance Company NAIC #0031-26522 FEIN#23-1575334
U.S. Underwriters Insurance Company NAIC #0031-35416 FEIN#23-2049904

Dear Sir or Madam,

In accordance with the applicable statutes and regulations of your state, Nancy Stepanski and Westmont Associates, Inc. is hereby authorized to file form, rate and rule filings on behalf of the above captioned companies.

Sincerely,

Mark Miller
State Filings Manager
United States Liability Insurance Group
190 South Warner Road
Wayne, PA 19087-2191

1.888.523.5545 X586
Fax: 610.688.4391
mmiller@usli.com

October 7, 2008

Department of Insurance
Property and Casualty Division
Forms Review Section

Attn: Property and Casualty Division

**RE: United States Liability Insurance Company (NAIC #: 25895 / FEIN #: 23-1383313)
Specified Professions Errors and Omissions Liability Product
Forms Filing
Company Filing #: PROF-SP-08-43
Effective Date: Upon Approval/Acknowledgement**

To Whom It May Concern:

Enclosed you will find the Company's Specified Professions Errors & Omissions Liability form filing, consisting of one endorsement. A letter permitting Westmont Associates, Inc. to submit this filing on the company's behalf is enclosed.

Please find attached the following new endorsement:

Form Number	Form Title
SP-248 (10/08)	Travel Agents Endorsement

This form will be added to the Company's already filed and approved Specified Professions Errors & Omissions Liability product. It will replace the currently filed 10/99 version of the Travel Agents Endorsement.

There are no rate changes associated with the filing of this endorsement.

Your approval and/or acknowledgement of this submission is respectfully requested, with the earliest permissible effective date. Thank you for your attention to this matter.

Respectfully Submitted,
Meghan Slenkamp
Meghan Slenkamp
Analyst
meghans@westmontlaw.com

Enc.

Cc: M. Miller

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This Endorsement modifies insurance provided under the following:

SPECIFIED PROFESSIONS ERRORS AND OMISSIONS LIABILITY

TRAVEL AGENTS ENDORSEMENT

In consideration of the premium paid, it is agreed that the **Company** shall not be liable to make any payment for **Loss** or **Claim Expenses** in connection with any **Claim** made against any **Insured** based upon, arising out of, directly or indirectly resulting from, in consequence of, or any way involving:

- selling or recommending the purchases of, or failure to sell or recommend the purchase of insurance;
- involving advertiser liability; broadcaster liability; false or misleading advertising; piracy or unfair competition; idea misappropriation under implied contract; any invasion of rights or privacy in advertisement, publicity, broadcast, or telecast; or infringement of copyright, title or slogan;
- insolvency, liquidation or financial inability to pay of the insured, any insured, any insurer, self- insurer, trust, insurance plan or other vehicle or instrumentality which provides coverage or benefits.

It is further understood and agreed that this exclusion does not apply to the selling or recommending the purchase of or failure to sell or recommend the purchase of travel insurance for the benefit of persons for whom an Insured has made travel arrangements.

Deleted: the following types of trips or

All other terms and conditions of this **Policy** remain unchanged. This endorsement is a part of your **Policy** and takes effect on the effective date of your **Policy** unless another effective date is shown.

Deleted: ¶

1. Accidental Death & Dismemberment Coverage¶
2. Hospital Medical Benefits¶
3. Baggage and Personal Effects Coverage¶
4. Baggage Delay¶
5. Trip Cancellation Coverage¶
6. Trip Interruption Coverage¶