

SERFF Tracking Number: XLAM-125831313 State: Arkansas
Filing Company: XL Specialty Insurance Company State Tracking Number: EFT \$150
Company Tracking Number: 08SD-DO-DO04-MU-AR
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0010 Employment Practices Liability
Product Name: Directors and Officers Professional Liability
Project Name/Number: Employment Practices Liability Endorsements/08SD-DO-DO04-MU-AR

Filing at a Glance

Company: XL Specialty Insurance Company
Product Name: Directors and Officers Professional Liability
TOI: 17.0 Other Liability - Claims Made/Occurrence
Sub-TOI: 17.0010 Employment Practices Liability
Filing Type: Form

SERFF Tr Num: XLAM-125831313 State: Arkansas
SERFF Status: Closed State Tr Num: EFT \$150
Co Tr Num: 08SD-DO-DO04-MU-AR State Status: Fees verified and received
Co Status: Reviewer(s): Betty Montesi, Edith Roberts
Author: Jill Kelly Disposition Date: 10/15/2008
Date Submitted: 09/24/2008 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: Employment Practices Liability Endorsements Status of Filing in Domicile: Pending
Project Number: 08SD-DO-DO04-MU-AR Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 10/15/2008
State Status Changed: 10/06/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Additional endorsements developed to enhance the Employment Practices Liability product

Company and Contact

Filing Contact Information

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Jill Kelly, State Filings Analyst Jill.Kelly@xlgroup.com
1201 North Market Street, Suite 501 (302) 661-7090 [Phone]
Wilmington , DE 19801 (302) 778-4190[FAX]

Filing Company Information

XL Specialty Insurance Company CoCode: 37885 State of Domicile: Delaware
1201 N. Market Street Group Code: 1285 Company Type:
Suite 501
Wilmington, DE 19801 Group Name: State ID Number:
(800) 394-3909 ext. [Phone] FEIN Number: 85-0277191

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Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? Yes
Fee Explanation: 50.00 x 3 forms = 150.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
XL Specialty Insurance Company	\$150.00	09/24/2008	22699464

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Correspondence Summary

Dispositions

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

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Edith Roberts	10/06/2008	10/06/2008	Jill Kelly	10/07/2008	10/07/2008
Industry Response						

SERFF Tracking Number: *XLAM-125831313* State: *Arkansas*
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Pre-Approved Counsel Endorsement	Approved	Yes
Form	Insurance Company Errors and Omissions Endorsement	Approved	Yes
Form	Rating Endorsement	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 10/06/2008

Submitted Date 10/06/2008

Respond By Date

Dear Jill Kelly,

This will acknowledge receipt of the captioned filing.

Form XL 80 60 09 08, Rating Endorsement must be withdrawn. This endorsement is in violation of AR Code 23--66-206 (9) (a).

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

Response Letter

Response Letter Status Submitted to State

Response Letter Date 10/07/2008

Submitted Date 10/07/2008

Dear Edith Roberts,

Comments:

Response 1

Comments: The Rating Endorsement provides the INSURED the right to cancel. It does not give the COMPANY an additional right to cancel.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Pre-Approved Counsel Endorsement	EP 80 32 07 08	07/08	Endorsement/Amendment/Conditions		0.00	EP8032 0708.pdf
Approved	Insurance Company Errors and Omissions Endorsement	XL 83 84 07 08	07/08	Endorsement/Amendment/Conditions		0.00	XL8384 0708.pdf
Approved	Rating Endorsement	XL 80 60 09 08	09/08	Endorsement/Amendment/Conditions		0.00	XL 80 60 09 08.pdf

Endorsement No.:
Named Insured:
Policy No.:

Effective:
12:01 A.M. Standard Time
Insurer:

PRE-APPROVED COUNSEL ENDORSEMENT

In consideration of the premium charged, subject to the conditions below, the Insureds will be permitted to use the law firm(s) scheduled below to represent them with respect to Claims under this Policy. The foregoing permission, and the Insurer's obligation to pay Defense Expenses to such counsel pursuant to this permission, is expressly conditioned on the following:

- (i) the Insurer shall be reasonably satisfied that such counsel is able and competent to handle any claim or suit for which such counsel is engaged to provide legal services;
- (ii) the Insurer's receipt from such counsel of a written consent, in form reasonably acceptable to the Insurer, that such counsel shall adhere in all respects to the Insurer's Billing and Reporting Guidelines for counsel;
- (iii) such counsel maintains an office located in the judicial jurisdiction where the litigation is filed; and
- (iv) the Insurer shall pay such counsel an hourly rate:
 - (a) not to exceed the rate customarily charged by such firm to the Insured, and
 - (b) which is no greater than the rate the Insurer customarily pays for counsel of commensurate experience and expertise in the same, or in a comparable, geographic location. Hourly fees of such counsel in excess of the hourly rate customarily paid by the Insurer shall be uninsured;

[List of Approved Firms](#)

All other terms, conditions and limitations of this Policy shall remain unchanged.

Endorsement No.:
Named Insured:
Policy No.:

Effective:
12:01 A.M. Standard Time
Insurer:

INSURANCE COMPANY ERRORS AND OMISSIONS ENDORSEMENT

In consideration of the premium charged:

- (1) Whenever used in this endorsement, the term "Insurance Contract" means any policy or agreement of insurance, reinsurance or indemnity, including but not limited to bonds, annuities, endowments, pension contracts and risk management self-insurance programs, pools or similar programs.
- (2) No coverage will be available under this Policy for Loss, including Defense Expenses, resulting from any Claim for:
 - (a) any actual or alleged refusal to offer, issue or renew, or the cancellation of, any Insurance Contract;
 - (b) any actual or alleged failure or refusal to pay or in the delay in the payment of, benefits due or alleged to have been due under any Insurance Contract;
 - (c) any actual or alleged lack of good faith or unfair dealing in the handling of any claim or obligation under any Insurance Contract, or in the brokering or underwriting of insurance policies or risks; or
 - (d) any actual or alleged conduct of the Company or of any Insured Person as an insurance agent or broker in the negotiation, placement or maintenance of any Insurance Contract.
- (3) Paragraph (2) above is not intended, nor shall it be construed, to apply to Loss, including Defense Costs, in connection with any Claim against an Insured to the extent that such Claim is:
 - (a) for a Wrongful Act by such Insured in connection with the management or supervision of any division, Subsidiary or group of the Parent Company offering any of the aforementioned services; or
 - (b)
 - (i) a Securities Claim brought by a securities holder of the Company, or
 - (ii) a derivative action brought by or on behalf of, or in the name or right of, the Company, and brought and maintained independently of, and without the solicitation, participation or intervention of, an Insured.
- (4) This Endorsement will not apply solely with respect to a Claim to which Insuring Agreement (A) applies.

All other terms, conditions and limitations of this Policy shall remain unchanged.

Endorsement No.:
Named Insured:
Policy No.:

Effective:
12:01 A.M. Standard Time
Insurer:

RATING ENDORSEMENT

In consideration of the premium charged, it is hereby agreed that notwithstanding anything in this policy that is contrary, this policy may be canceled by the Parent Company, if the Insurer's security rating is downgraded below an A.M. Best's rating of **<FILL IN>** and/or a Standard & Poor's rating of **<FILLIN>**.

Cancellation shall be effected by giving the Insurer written notice of the effective date of cancellation.

Any unearned premium by the Insurer will be computed pro rata and such return or tender of unearned premium will not be a condition precedent to the effectiveness of cancellation, but such payment shall be made as soon as practicable.

All other terms, conditions and limitations of this Policy shall remain unchanged.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Bypassed -Name: Uniform Transmittal Document- Property & Casualty Approved 10/15/2008

Bypass Reason: According to SERFF, this document is no longer necessary since the information is already included in the general information tab.

Comments: