

SERFF Tracking Number: ZURC-125827507 State: Arkansas  
First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: CW-GL-27724 FORM  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: CW-GL-27724 Coverage Changes For Logging and Lumbering Operations  
Project Name/Number: CW-GL-27724 Coverage Changes For Logging and Lumbering Operations/CW-GL-27724 Form

## Filing at a Glance

Companies: American Zurich Insurance Company, American Guarantee and Liability Insurance Company, Zurich American Insurance Company of Illinois, Zurich American Insurance Company

Product Name: CW-GL-27724 Coverage Changes For Logging and Lumbering Operations  
SERFF Tr Num: ZURC-125827507 State: Arkansas

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: CW-GL-27724 FORM State Status: Fees verified and received

Filing Type: Form Co Status: Not Applicable Reviewer(s): Betty Montesi, Edith Roberts

Author: Cindy Schultz Disposition Date: 10/06/2008

Date Submitted: 09/24/2008 Disposition Status: Approved

Effective Date Requested (New): 11/01/2008 Effective Date (New):

Effective Date Requested (Renewal): 11/01/2008 Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: CW-GL-27724 Coverage Changes For Logging and Lumbering Operations

Project Number: CW-GL-27724 Form

Reference Organization:

Reference Title:

Filing Status Changed: 10/06/2008

State Status Changed: 10/06/2008

Corresponding Filing Tracking Number:

Filing Description:

We are filing a new endorsement for use with our woodworking book of business. This endorsement is an alternative version of CG 2254 Exclusion – Logging And Lumbering and was created to match the coverages provided by the prior carrier of this book of business. One of these endorsements must be attached to every account having logging and lumbering exposure and using general liability class code 97111.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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U-GL-1368-A CW (08-08) Coverage Changes For Logging And Lumbering Operations

The endorsement limits the extent of exclusion to vehicles being loaded or unloaded in CG 2254 but adds a further restriction regarding newly defined accidental overcut. Combined, we feel the net effect of these changes does not require a change from ISO rating.

**Company and Contact**

**Filing Contact Information**

Cindy Schultz, Filing Analyst cindy.schultz@zurichna.com  
 1400 American Lane (847) 762-7311 [Phone]  
 Schaumburg, IL 60196 (847) 605-7768[FAX]

**Filing Company Information**

American Zurich Insurance Company	CoCode: 40142	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-3141762	

American Guarantee and Liability Insurance Company	CoCode: 26247	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-6071400	

Zurich American Insurance Company of Illinois	CoCode: 27855	State of Domicile: Illinois
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-2781080	

Zurich American Insurance Company	CoCode: 16535	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60102	Group Name:	State ID Number:

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(847) 605-6000 ext. [Phone]

FEIN Number: 36-4233459

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Zurich Insurance Company	\$50.00	09/24/2008	22693386
American Guarantee and Liability Insurance Company	\$0.00	09/24/2008	
Zurich American Insurance Company of Illinois	\$0.00	09/24/2008	
Zurich American Insurance Company	\$0.00	09/24/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/06/2008	10/06/2008

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## Disposition

Disposition Date: 10/06/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form</b>	Coverage Changes For Logging and Lumbering Operations	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Coverage Changes For Logging and Lumbering Operations	U-GL-1368-A CW	08 08	Endorsement/Amendment/Conditions	New	0.00	U-GL-1368-A CW 0808.pdf

# Coverage Changes For Logging And Lumbering Operations



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

This endorsement modifies insurance provided under the:

## **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**A.** The following is added to **SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE**, Paragraph 2. **Exclusions:**

### **Property Damage Due To Fire**

“Property Damage” due to fire with respect to logging and lumbering operations by you or for you.

**B.** The following are added to **SECTION III - LIMITS OF INSURANCE:**

**8.** The most we will pay for “property damage” arising out of the “accidental overcut of timber” is limited to the lesser of:

**a.** \$50,000 per “occurrence”; or

**b.** 80% of the amount you are legally obligated to pay for “property damage” from such “occurrence”.

**9.** The most we will pay for damage to any one vehicle while being loaded or unloaded is \$25,000, less a deductible of \$1,000.

**C.** For purposes of this endorsement,

**1.** “Accidental overcut of timber” shall mean the cutting of timber by or for you from land where you were not legally entitled to cut as a result of a bonafide mistake or error regarding the boundaries of the land where you were legally entitled to cut.

**2.** All “accidental overcut of timber” from the same land or property shall be considered a single “occurrence” regardless of the number of trees cut and the duration of the harvesting.

**3.** “Property damage” shall not include the value of any timber sold or retained by you from an accidental overcut.

**4.** Should we advance on your behalf any portion of payment beyond the amount we are required to pay as stated above, you shall promptly reimburse us for the amount advanced on your behalf.

Signed by: \_\_\_\_\_

Authorized Representative

\_\_\_\_\_

Date

*SERFF Tracking Number:*      *ZURC-125827507*                      *State:*                      *Arkansas*  
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*TOI:*                      *17.2 Other Liability - Occurrence Only*      *Sub-TOI:*                      *17.2001 Commercial General Liability*  
*Product Name:*                      *CW-GL-27724 Coverage Changes For Logging and Lumbering Operations*  
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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 10/06/2008

**Comments:**

**Attachments:**

NAIC TRANSMITAL.pdf  
Form Filing Schedule.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

<b>3. Group Name</b>	<b>Group NAIC #</b>
Zurich North America	212

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Zurich American Insurance Company	NY	16535	36-4233459	
American Guarantee and Liability Insurance Company	NY	26247	36-6071400	
American Zurich Insurance Company	IL	40142	36-3141762	
Zurich American Insurance Insurance Co of Illinois	IL	27855	36-2781080	

<b>5. Company Tracking Number</b>	<b>CW-GL-27724</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Cindy Schultz 1400 American Lane Schaumburg, IL 60196-1056	Filing Analyst	847-762-7311	847-605-7768	Cindy.schultz@zurichna.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Cindy L Schultz		

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

<b>9. Type of Insurance (TOI)</b>	17.2 Other Liability-Occ
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0001 Commercial General Liability
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	
<b>12. Company Program Title</b> (Marketing title)	Commercial General Liability
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New: 11/01/2008                      Renewal: 11/01/2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	
<b>17. Reference Organization # &amp; Title</b>	

<b>18. Company's Date of Filing</b>	09/24/2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

### Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	CW-GL-27724
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are filing a new endorsement for use with our woodworking book of business. This endorsement is an alternative version of CG 2254 Exclusion – Logging And Lumbering and was created to match the coverages provided by the prior carrier of this book of business. One of these endorsements must be attached to every account having logging and lumbering exposure and using general liability class code 97111.

#### **U-GL-1368-A CW (08-08) Coverage Changes For Logging And Lumbering Operations**

The endorsement limits the extent of exclusion to vehicles being loaded or unloaded in CG 2254 but adds a further restriction regarding newly defined accidental overcut. Combined, we feel the net effect of these changes does not require a change from ISO rating.

We wish to file this endorsement with an effective date of November 1, 2008.

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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**Check #:**

**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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>CW-GL-27724</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (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	Coverage Changes For Logging and Lumbering Operations	U-GL-1368-A CW (08/08)	<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		