

SERFF Tracking Number: ZURC-125846573 State: Arkansas
First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: CW GL 27819 (FORMS)
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Fellow Employee Coverage Endorsements
Project Name/Number: /CW GL 27819

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: Fellow Employee Coverage SERFF Tr Num: ZURC-125846573 State: Arkansas
Endorsements

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

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: CW GL 27819 State Status: Fees verified and received
(FORMS)

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

Author: Karen Falbo Disposition Date: 10/14/2008

Date Submitted: 10/07/2008 Disposition Status: Approved

Effective Date Requested (New): 12/01/2008 Effective Date (New):

Effective Date Requested (Renewal): 12/01/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Project Number: CW GL 27819

Status of Filing in Domicile: Not Filed

Domicile Status Comments: In process of countrywide filing

Reference Organization:

Reference Title:

Reference Number:

Advisory Org. Circular:

Filing Status Changed: 10/14/2008

State Status Changed: 10/14/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Fellow Employee Coverage—Designated Employees/Positions, U-GL-1364-A CW (09/08)

Fellow Employee—Incidental Medical, U-GL-1371-A CW (09/08)

The purpose of this filing is to introduce two new forms.

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Fellow Employee Coverage—Designated Employees/Positions, U-GL-1364-A CW (09/08) is meant to give a person, job title, or position "fellow employee coverage." This coverage is specifically excluded from the ISO CG 00 01 and CG 00 02 forms (see Section II—Who Is An Insured, 2.a.(1)(a).)The added person, job title, or position is added via the schedule on the new endorsement. If the schedule is left blank, the coverage is automatically applied to the position of "executive officer".

Fellow Employee—Incidental Medical, U-GL-1371-A CW (09/08) gives general "fellow employee coverage" for employees and volunteer workers of an insured by deleting the same exclusion referred to above. This endorsement also provides an extension for professional health care services arising out of medical or paramedical services performed by physicians, dentists, nurses, emergency medical technicians, paramedics, or other licensed medical care personnel employed by the insured to perform such services. (See A.(1)(c)i. of the endorsement.) This new endorsement also provides coverage for good Samaritan acts performed by other employees who are not licensed medical care personnel.

Company and Contact

Filing Contact Information

Karen Falbo, Product Analyst karen.falbo@zurichna.com
 1400 American Lane (847) 605-7545 [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:

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(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:

(847) 605-6000 ext. [Phone]

FEIN Number: 36-4233459

SERFF Tracking Number: *ZURC-125846573* *State:* *Arkansas*
First Filing Company: *American Zurich Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *CW GL 27819 (FORMS)*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *Fellow Employee Coverage Endorsements*
Project Name/Number: */CW GL 27819*

Filing Fees

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

<i>COMPANY</i>	<i>AMOUNT</i>	<i>DATE PROCESSED</i>	<i>TRANSACTION #</i>
<i>American Zurich Insurance Company</i>	<i>\$50.00</i>	<i>10/07/2008</i>	<i>23000361</i>
<i>American Guarantee and Liability Insurance Company</i>	<i>\$0.00</i>	<i>10/07/2008</i>	
<i>Zurich American Insurance Company of Illinois</i>	<i>\$0.00</i>	<i>10/07/2008</i>	
<i>Zurich American Insurance Company</i>	<i>\$0.00</i>	<i>10/07/2008</i>	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/14/2008	10/14/2008

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Disposition

Disposition Date: 10/14/2008

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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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Fellow Employee Coverage - Designated Employees/Positions	Approved	Yes
Form	Fellow Employee - Incidental Medical	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Fellow Employee Coverage - Designated Employees/Positions	U-GL-1364-A CW	09 08	Endorsement/Amendment/Conditions	New	0.00	U-GL-1364-A CW _0908_.pdf
Approved	Fellow Employee - Incidental Medical	U-GL-1371-A CW	09 08	Endorsement/Amendment/Conditions	New	0.00	U-GL-1371-A CW _0908_.pdf



Fellow Employee Coverage – Designated Employees/Positions

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.

Named Insured / Mailing Address:

Producer:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:
COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person(s), Job Title(s) or Position(s): _____

(If no entry appears above, the position of "executive officer" applies.)

Solely with respect to the "employee(s)" shown in the Schedule above, the following is added at the end of Paragraph **2.a.(1)(a)** of **Section II – Who Is An Insured**:

However, the "employee(s)" shown in the Schedule above is considered an insured(s) for "bodily injury" or "personal and advertising injury" to a co-"employee" while such co-"employee" is in the course of his or her employment or performing duties related to the conduct of your business.

All other terms and conditions of your Policy remain unchanged.



Fellow Employee—Incidental Medical

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer	Add'l. Prem	Return Prem.
					\$	\$

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Commercial General Liability Coverage Part

A. Paragraph **2.a.(1)** of **Section II – Who Is An Insured** is replaced by the following:

(1) "Bodily injury" or "personal and advertising injury":

- (a)** To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company);
- (b)** For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in Paragraph **(1)(a)** above; or
- (c)** Arising out of his or her providing or failing to provide professional health care services, except any "bodily injury" or "personal and advertising injury" arising out of:
 - i.** Medical or paramedical services to persons performed by any physician, dentist, nurse, emergency medical technician, paramedic or other licensed medical care person employed by you to provide such services; or
 - ii.** "Good Samaritan Acts" performed by any other "employee" of yours who is not a licensed medical professional.

B. Any insurance coverage provided by this endorsement is excess over any other valid and collectible insurance.

C. Solely for the purposes of the terms and conditions of this endorsement the following definition is added to **Section V - Definitions**:

"Good Samaritan Acts" means any assistance of a medical nature rendered or provided in an emergency situation, including but not limited to emergency cardiopulmonary resuscitation (CPR) or first aid services, for which no remuneration is demanded or received.

All other terms and conditions of this policy remain unchanged.

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 10/14/2008

Comments:

Attachments:

NAIC PC - F.pdf

NAIC FFS.pdf

20. This filing transmittal is part of Company Tracking #	CW GL 27819
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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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The purpose of this filing is to introduce two new endorsements that will be used with ISO's commercial general liability coverage part.

Please see the explanatory memorandum for further details.

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]
<p>Check #: Amount:</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>

***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 #	CW GL 27819			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	CW GL 27819 (if filed separately)			
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	Fellow Employee Coverage - Designated Employees/Positions	U-GL-1364-A CW 09 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Fellow Employee - Incidental Medic	U-GL-1371-A CW 09 08	<input checked="" 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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		