

SERFF Tracking Number: CNAB-125908324 State: Arkansas  
First Filing Company: Continental Insurance Company, ... State Tracking Number: EFT \$300  
Company Tracking Number: 08-F3289  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: General Liability  
Project Name/Number: Additional Insured -Owners Lessees or Contractors /08-F3289

## Filing at a Glance

Companies: Continental Insurance Company, American Casualty Company of Reading PA, National Fire Insurance Company of Hartford, Transportation Insurance Company, Valley Forge Insurance Company, Continental Casualty Company

Product Name: General Liability SERFF Tr Num: CNAB-125908324 State: Arkansas  
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$300  
Made/Occurrence  
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 08-F3289 State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins  
Authors: Roberta Cooper, Ruby McGhee Disposition Date: 11/20/2008  
Date Submitted: 11/19/2008 Disposition Status: Approved  
Effective Date Requested (New): 01/01/2009 Effective Date (New): 01/01/2009  
Effective Date Requested (Renewal): 01/01/2009 Effective Date (Renewal): 01/01/2009

State Filing Description:

## General Information

Project Name: Additional Insured -Owners Lessees or Contractors Status of Filing in Domicile:  
Project Number: 08-F3289 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 11/20/2008  
State Status Changed: 11/20/2008 Deemer Date:  
Corresponding Filing Tracking Number:

Filing Description:

Blanket Additional Insured – Owners, Lessees or Contractors, is an update which conforms our proprietary language more closely to ISO forms CG 20 10 07 04 and CG 20 37 07 04 which cover liability caused in whole or in part by the Named Insured's acts or omissions. The existing "A" version of this endorsement only covers liability caused wholly by

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As in the "A" version of this endorsement, the "B" version will automatically provide additional insured status to entities which mandate such status via job contracts executed with the Named Insured. The endorsement's provisions describe what triggers additional insured status, when that status terminates, and what extent of coverage is afforded to the additional insured.

The "B" version of endorsement will update and replace the "A" version of this endorsement

## Company and Contact

### Filing Contact Information

Roberta F. Cooper, State Filing Consultant roberta.cooper@cna.com  
 333 S. Wabash (312) 822-4292 [Phone]  
 Chicago, IL 60685 (312) 755-2394[FAX]

### Filing Company Information

Continental Insurance Company	CoCode: 35289	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance	State ID Number:
Chicago, IL 60604	Companies	
(312) 822-4292 ext. [Phone]	FEIN Number: 13-5010440	
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American Casualty Company of Reading PA	CoCode: 20427	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance	State ID Number:
Chicago, IL 60604	Companies	
(312) 822-4292 ext. [Phone]	FEIN Number: 23-0342560	
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$300.00  
 Retaliatory? No  
 Fee Explanation: We are approving the required \$50 per submission for this filing. We are filing 6 companies therefore the cost of this filing is \$300  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Insurance Company	\$300.00	11/19/2008	24040521
American Casualty Company of Reading PA	\$0.00	11/19/2008	
National Fire Insurance Company of Hartford	\$0.00	11/19/2008	
Transportation Insurance Company	\$0.00	11/19/2008	
Valley Forge Insurance Company	\$0.00	11/19/2008	
Continental Casualty Company	\$0.00	11/19/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/20/2008	11/20/2008

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## Disposition

Disposition Date: 11/20/2008  
Effective Date (New): 01/01/2009  
Effective Date (Renewal): 01/01/2009  
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
Supporting Document	Forms Comparison	Approved	Yes
Form	Blanket Additional Insured -Owners, Lessees or Contractors	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Blanket Additional Insured -Owners, Lessees or Contractors	G-140331-B	01/09	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 G-140331-A Previous Filing #: 01-F3016 approved 3/16/01		G-140331-B0001.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## BLANKET ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE (OPTIONAL)

Name of Additional Insured Person(s) Or Organizations
(As required by written contract/agreement per Paragraph A. below.)

Location(s) of Covered Operations
(As per the written contract/agreement, provided the location is within the "coverage territory" of this Coverage Part.)

(Coverage under this endorsement is not affected by an entry or lack of entry in the Schedule above.)

- A. Section II - Who Is An Insured** is amended to include as an additional insured any person(s) or organization(s), including any person or organization shown in the Schedule above, whom you are required to add as an additional insured on this Coverage Part under a written contract or written agreement, provided:
- a.** The written contract or written agreement was executed prior to:
    - 1. The "bodily injury" or "property damage"; or
    - 2. The offense that caused the "personal and advertising injury" for which the additional insured seeks coverage under this Coverage Part; and
  - b.** The written contract or written agreement pertains to your ongoing operations or "your work" for the additional insured(s).
- B.** The insurance provided to the additional insured is limited as follows:
- 1. The person or organization is an additional insured only with respect to liability for "bodily injury", "property damage", or "personal and advertising injury" caused in whole or in part by:
    - a.** Your acts or omissions; or
    - b.** The acts or omissions of those acting on your behalf in the performance of your ongoing operations for the additional insured(s) or
  - 2. However, we will not provide the additional insured any broader coverage or any higher limit of insurance than the least of those:
    - a.** Required by the written contract or written agreement;
    - b.** Described in **B.1.** above; or
    - c.** Afforded to you under this policy.
  - 3. This insurance is excess of all other insurance available to the additional insured, whether primary, excess, contingent or on any other basis, unless the written contract or agreement requires this insurance to be primary. In that event, this insurance will be primary relative to insurance which covers the additional insured as a named insured. We will not require contribution from such insurance if the written contract or written agreement also requires that this insurance be non-contributory. But with respect to all other insurance under which the additional insured qualifies as an insured or additional insured, this insurance will be excess.
  - 4. The insurance provided to the additional insured terminates when your operations for the
- c.** "Your work" that is included in the "products-completed operations hazard" and performed for the additional insured, but only if this Coverage Part provides such coverage, and only if the written contract or written agreement requires you to provide the additional insured such coverage.

additional insured are complete. But if the written contract or written agreement specifies a date until which this insurance must apply, then this insurance terminates:

- a. On the date specified in the written contract or written agreement; or
- b. When this policy expires or is cancelled, whichever occurs first.

**C.** With respect to the insurance afforded to the additional insured, the following additional exclusions apply.

This insurance does not apply to:

1. "Bodily injury," "property damage," or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering, or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
  - b. Supervisory, inspection, architectural or engineering activities.
2. "Bodily injury," "property damage," or "personal and advertising injury" arising out of any premises or work for which the additional insured is specifically listed as an additional insured on another endorsement attached to this Coverage Part.

**D. SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** is amended as follows:

1. The **Duties In The Event of Occurrence, Offense, Claim or Suit** condition is amended to add the following additional conditions applicable to the additional insured:

An additional insured under this endorsement will as soon as practicable:

- (1) Give us written notice of an "occurrence" or an offense which may result in a claim or "suit" under this insurance, and of any claim or "suit" that does result;
- (2) Tender the defense and indemnity of any claim or "suit" to any other insurer or self insurer whose policy or program applies to a loss we cover under this Coverage Part;
- (3) Except as provided in Paragraph B.3 of this endorsement, agree to make available any other insurance the additional insured has for a loss we cover under this Coverage Part; and
- (4) Send us copies of all legal papers received, and otherwise cooperate with us in the investigation, defense, or settlement of the claim or "suit".

We have no duty to defend or indemnify an additional insured under this endorsement until we receive from the additional insured written notice of a claim or "suit".

2. With respect only to the insurance provided by this endorsement, the first sentence of Paragraph **4.a.** of the Other Insurance Condition is deleted and replaced with the following:

**4. Other Insurance**

**a. Primary Insurance**

This insurance is primary and non-contributory except when rendered excess by this endorsement, or when Paragraph **b.** below applies.

- E. The provisions of the written contract or written agreement do not in any way broaden or amend this Coverage Part.

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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 11/20/2008

**Comments:**

**Attachment:**

08-F3289 AR NAIC Transmittal0001.pdf

## Property &amp; 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:	
	<input type="checkbox"/> New Business	
	<input type="checkbox"/> Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
CNA Insurance Companies	218

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Continental Casualty Company	IL	20443	36-2114545	IL:
National Fire Insurance Company of Hartford	IL	20478	06-0464510	IL
American Casualty Company of Reading, PA	PA	20427	23-0342560	PA
Transportation Insurance Company	IL	20494	36-1877247	IL
Valley Forge Insurance Company	PA	20508	23-1620527	PA
The Continental Insurance Company	PA	35289	13-5010440	PA

<b>5. Company Tracking Number</b>	<b>08-F3289</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
Roberta F. Cooper	State Filing Consultant	312-822-4292	312-755-2394	<a href="mailto:roberta.cooper@cna.com">roberta.cooper@cna.com</a>
333 South Wabash Chicago, IL 60604				

7. Signature of authorized filer	<i>Roberta F. Cooper</i>
8. Please print name of authorized filer	Roberta F. Cooper

## 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]	
12. Company Program Title (Marketing title)	General Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> <b>Forms</b> <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01/01/2009      Renewal: 01/01/2009
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	11/18/08

19. Status of filing in domicile

 Not Filed Pending Authorized Disapproved**Property & Casualty Transmittal Document—**

20. This filing transmittal is part of Company Tracking # 08-F3289

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

G-140331-B

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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 #:

Amount:

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>08-F3289</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	Blanket Additional Insured - Owners, Lessees or Contractors	G-140331-B	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	G-140331-A	01-F3016 appr., 3/19/01
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		