

SERFF Tracking Number: ZURC-125956490 State: Arkansas  
First Filing Company: American Zurich Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: CW GL 28085  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: 2008 CGL Add'l Insured - CW GL 28085  
Project Name/Number: 2008 CGL Add'l Insured - CW GL 28085/CW GL 28085

## 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: 2008 CGL Add'l Insured - CW SERFF Tr Num: ZURC-125956490 State: Arkansas  
GL 28085

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 28085 State Status: Fees verified and received  
Filing Type: Form Co Status: Not Applicable Reviewer(s): Betty Montesi, Edith Roberts  
Author: Carole Amato Disposition Date: 12/31/2008  
Date Submitted: 12/22/2008 Disposition Status: Approved  
Effective Date Requested (New): 04/01/2009 Effective Date (New):  
Effective Date Requested (Renewal): 04/01/2009 Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: 2008 CGL Add'l Insured - CW GL 28085 Status of Filing in Domicile: Not Filed  
Project Number: CW GL 28085 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 12/31/2008 Deemer Date:  
State Status Changed: 12/31/2008  
Corresponding Filing Tracking Number:  
Filing Description:  
The purpose of this filing is to submit a new endorsement to be offered with our School program.

Additional Insured-Students In Practicum, form U-GL-1295-A CW (12-08)

This is an optional endorsement for the School program. It amends the Who Is An Insured section (form UGL1235

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approved under state filing# AR-PC-06-018284) to include students while enrolled in an internship or in practicum education program offered by the insured.

## Company and Contact

### Filing Contact Information

Carole Amato, Supervisor carol.amato@zurichna.com  
 1400 American Lane (847) 413-5235 [Phone]  
 Schaumburg, IL 60196-1056 (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:
(847) 605-6000 ext. [Phone]	FEIN Number: 36-4233459	

## Filing Fees

*SERFF Tracking Number:* ZURC-125956490      *State:* Arkansas  
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Fee Required?      No  
 Retaliatory?      No  
 Fee Explanation:  
 Per Company:      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Zurich Insurance Company	\$50.00	12/22/2008	24660922
American Guarantee and Liability Insurance Company	\$0.00	12/22/2008	
Zurich American Insurance Company of Illinois	\$0.00	12/22/2008	
Zurich American Insurance Company	\$0.00	12/22/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/31/2008	12/31/2008

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## Disposition

Disposition Date: 12/31/2008

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>	Additional Insured - Students In Practicum	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Additional Insured - Students In Practicum	U-GL-1295-A CW	12 08	Endorsement/Amendment/Conditions	New	0.00	U-GL-1295-A CW GL Add'l Ins Student in Practicum.pdf

# Additional Insured – Students In Practicum



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:

**GENERAL LIABILITY ENHANCEMENT ENDORSEMENT FOR SCHOOLS**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

**A. The following is added to Section 4. Who Is An Insured:**

Any student of yours, while enrolled in an internship or in practicum education program offered by you as part of your school curriculum, which takes place away from school premises, but only while acting within the scope of his or her activities in such program and under the direction and supervision of your "employees" or the employees of the business or facility to which the student has been assigned by you as part of the internship or in practicum educational program.

*SERFF Tracking Number:*      *ZURC-125956490*                      *State:*                      *Arkansas*  
*First Filing Company:*      *American Zurich Insurance Company, ...*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *CW GL 28085*  
*TOI:*                      *17.2 Other Liability - Occurrence Only*      *Sub-TOI:*                      *17.2001 Commercial General Liability*  
*Product Name:*                      *2008 CGL Add'l Insured - CW GL 28085*  
*Project Name/Number:*                      *2008 CGL Add'l Insured - CW GL 28085/CW GL 28085*

## **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 12/31/2008

**Comments:**

**Attachment:**

NAIC Transmittal 4.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: <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

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

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

<b>5. Company Tracking Number</b>	CW GL 28085
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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
	Carole Amato 1400 American Lane	Analyst	847-413-5235	847-605-7768	carole.amato@zurichna.com
	Schaumburg, IL 60196				

7. Signature of authorized filer	<i>Carole Amato</i>
8. Please print name of authorized filer	Carole Amato

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

9. Type of Insurance (TOI)	17
10. Sub-Type of Insurance (Sub-TOI)	Other
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	New Commercial General Liability Coverage Form
13. Filing Type	Form
14. Effective Date(s) Requested	New: April 1, 2009      Renewal: April 1, 2009
15. Reference Filing?	[ ] Yes    [ ] No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	[ ] Not Filed    [x] Pending    [ ] Authorized    [ ] Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	CW GL 28085
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<b>21.</b>	<b>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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In accordance with the filing requirements of your state, we enclose for your review and approval our filing to submit a new optional endorsement for our School program. This endorsement amends the "Who is An Insured" Section of previously approved form, UGL1235 (General Liability Enhancement Endorsement for Schools) to include coverage for students while enrolled in an internship or in a practicum education program offered by the insured.

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

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## 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>	CW GL 28085
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	CW GL 28085
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Additional Insured-Students In Practicum	U-GL-11295-A (12/08)	<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		

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