

SERFF Tracking Number: AGNY-125940866 State: Arkansas  
First Filing Company: Granite State Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: AIC-08-GL-35  
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability  
Product Name: Commercial General Liability/151640288/72017002  
Project Name/Number: Commercial General Liability /AIC-08-GL-35

## Filing at a Glance

Companies: Granite State Insurance Company, New Hampshire Insurance Company

Product Name: Commercial General SERFF Tr Num: AGNY-125940866 State: Arkansas

Liability/151640288/72017002

TOI: 17.0 Other Liability-Occ/Claims Made SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: AIC-08-GL-35

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Jameka Harris

Disposition Date: 12/23/2008

Date Submitted: 12/11/2008

Disposition Status: Approved

Effective Date Requested (New): 01/12/2009

Effective Date (New):

Effective Date Requested (Renewal): 01/12/2009

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Commercial General Liability

Status of Filing in Domicile: Not Filed

Project Number: AIC-08-GL-35

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 12/23/2008

State Status Changed: 12/23/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The companies referenced in this filing submit for your review and approval two (2) endorsements to be used with the occurrence version of the ISO Commercial General Liability Coverage Form.

Please refer to the attached forms listing for information about the forms included in this filing.

Your favorable consideration and approval are respectfully requested.

SERFF Tracking Number: AGNY-125940866 State: Arkansas  
 First Filing Company: Granite State Insurance Company, ... State Tracking Number: EFT \$50  
 Company Tracking Number: AIC-08-GL-35  
 TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability  
 Product Name: Commercial General Liability/151640288/72017002  
 Project Name/Number: Commercial General Liability /AIC-08-GL-35

## Company and Contact

### Filing Contact Information

Jameka Harris, Filings Analyst jameka.harris@aig.com  
 175 Water Street, 17th Floor (212) 458-7056 [Phone]  
 New York, NY 10038 (212) 458-7077[FAX]

### Filing Company Information

Granite State Insurance Company	CoCode: 23809	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 02-0140690	

New Hampshire Insurance Company	CoCode: 23841	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 02-0172170	

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Granite State Insurance Company	\$50.00	12/11/2008	24488486
New Hampshire Insurance Company	\$0.00	12/11/2008	

SERFF Tracking Number: AGNY-125940866 State: Arkansas  
First Filing Company: Granite State Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: AIC-08-GL-35  
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability  
Product Name: Commercial General Liability/151640288/72017002  
Project Name/Number: Commercial General Liability /AIC-08-GL-35

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/23/2008	12/23/2008

SERFF Tracking Number: AGNY-125940866 State: Arkansas  
First Filing Company: Granite State Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: AIC-08-GL-35  
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability  
Product Name: Commercial General Liability/151640288/72017002  
Project Name/Number: Commercial General Liability /AIC-08-GL-35

## Disposition

Disposition Date: 12/23/2008

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

SERFF Tracking Number: AGNY-125940866 State: Arkansas  
 First Filing Company: Granite State Insurance Company, ... State Tracking Number: EFT \$50  
 Company Tracking Number: AIC-08-GL-35  
 TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability  
 Product Name: Commercial General Liability/151640288/72017002  
 Project Name/Number: Commercial General Liability /AIC-08-GL-35

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Coverage D – Child Care Professional Liability Coverage Endorsement	Approved	Yes
Form	Exclusion – Open Roof Property Damage	Approved	Yes

SERFF Tracking Number: AGNY-125940866 State: Arkansas  
 First Filing Company: Granite State Insurance Company, ... State Tracking Number: EFT \$50  
 Company Tracking Number: AIC-08-GL-35  
 TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability  
 Product Name: Commercial General Liability/151640288/72017002  
 Project Name/Number: Commercial General Liability /AIC-08-GL-35

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Coverage D – Child Care Professional Liability Coverage Endorsement	100350	(12/08)	Endorsement/Amendment/Conditions New		0.00	100350 12_08 Child Care Professional Liability 12-2-08.pdf
Approved	Exclusion – Open Roof Property Damage	99090	(12/08)	Endorsement/Amendment/Conditions New		0.00	99090 12_08 Exclusion-Open Roof Property Damage 12-2-08 (2).pdf

**ENDORSEMENT**

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

This endorsement, effective 12:01 a.m. forms a part of Policy

No. issued to by

**COVERAGE D – CHILD CARE PROFESSIONAL LIABILITY COVERAGE  
ENDORSEMENT**

This endorsement modifies insurance provided by under the following:

**COMMERCIAL GENERAL LIABILITY POLICY COVERAGE FORM**

**SCHEDULE**

<b>Coverage D – Child Care Professional Liability Coverage</b>	<b>Limits of Insurance</b>	
Each Wrongful Act Limit	<b>\$XXX,XXX,XXX</b>	Each “wrongful act” *
*If no amount is shown above for the Each Wrongful Act Limit, it will be the same amount as the Each Occurrence Limit shown in the Declarations		

**A.** The following exclusions are added to the policy and are applicable to “bodily injury” and “property damage” under **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY** and “personal and advertising injury” under **COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY**:

This insurance does not apply to:

1. Any claim or “suit” for which coverage is provided under **COVERAGE D CHILD CARE PROFESSIONAL LIABILITY COVERAGE**.
2. Any claim or “suit” arising out of the rendering of or failure to render professional services of any kind or description, or any act, error, or omission, malpractice or mistake of a professional nature committed by you or on your behalf in the conduct of your business.

**B.** The following is added to **SECTION I – COVERAGES**:

**COVERAGE D CHILD CARE PROFESSIONAL LIABILITY COVERAGE**

**1. Insuring Agreement**

- a. We will pay those sums that the insured becomes legally obligated to pay as damages because of "bodily injury" or "property damage" arising out of a “wrongful act” to which this insurance applies. We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for "bodily injury" or "property damage" to which this insurance does

not apply. We may, at our discretion, investigate any "wrongful act" and settle any claim or "suit" that may result. But:

- (1) The amount we will pay for damages is limited as described in **SECTION III – LIMITS OF INSURANCE**; and
- (2) Our right and duty to defend ends when we have used up the applicable limit of insurance in the payment of judgments or settlements under Coverages **A, B** or **D**, or medical expenses under Coverage **C**.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under **SUPPLEMENTARY PAYMENTS – COVERAGES A, B AND D**.

b. This insurance applies to "bodily injury" and "property damage" only if:

- (1) The "bodily injury" or "property damage" arises out of a "wrongful act";
- (2) The "bodily injury" or "property damage" is caused by a "wrongful act" that takes place in the "coverage territory";
- (3) The "bodily injury" or "property damage" occurs during the policy period; and
- (4) Prior to the policy period, no insured listed under Paragraph 1. of **SECTION II – WHO IS AN INSURED** and no "employee" authorized by you to give or receive notice of a "wrongful act" or claim, knew that the "bodily injury" or "property damage" arising out of "wrongful act" had occurred, in whole or in part. If such a listed insured or authorized "employee" knew, prior to the policy period, that the "bodily injury" or "property damage" occurred, then any continuation, change or resumption of such "bodily injury" or "property damage" during or after the policy period will be deemed to have been known prior to the policy period.

c. "Bodily injury" or "property damage" which occurs during the policy period and was not, prior to the policy period, known to have occurred by any insured listed under Paragraph 1. of **SECTION II – WHO IS AN INSURED** or any "employee" authorized by you to give or receive notice of a "wrongful act" or claim, includes any continuation, change or resumption of that "bodily injury" or "property damage" after the end of the policy period.

d. "Bodily injury" or "property damage" will be deemed to have been known to have occurred at the earliest time when any insured listed under Paragraph 1. of **SECTION II – WHO IS AN INSURED** or any "employee" authorized by you to give or receive notice of a "wrongful act" or claim:

- (1) Reports all, or any part, of the "bodily injury" or "property damage" to us or any other insurer;
- (2) Receives a written or verbal demand or claim for damages because of the "bodily injury" or "property damage"; or
- (3) Becomes aware by any other means that "bodily injury" or "property damage" has occurred or has begun to occur.

e. Damages because of "bodily injury" include damages claimed by any person or organization for care, loss of services or death resulting at any time from the "bodily injury".

## 2. Exclusions

This insurance does not apply to:

**a. Intentional, Dishonest, Fraudulent, Criminal or Malicious Act**

“Bodily injury” or “property damage” arising out of any intentional, dishonest, fraudulent, criminal or malicious act, error, or omission committed by any insured, including the willful or reckless violation of any statute.

**b. Failure to Render Services in Accordance with Law**

“Bodily injury” or “property damage” arising out of services rendered in violation of any federal, state, municipal or other local law, rule, or regulation.

**c. Treatment without a License**

“Bodily injury” or “property damage” arising out of the rendering of any service without a license if the law requires a license to perform the service.

**d. Specific Professional Services**

Any act, error, omission, malpractice, or mistake in the rendering or failure to render professional services by any attorney, architect, engineer, accountant, real estate manager, advisor or agent, or investment advisor or professional.

**e. Professional Health Care Services**

“Bodily injury” or “property damage” arising out of the rendering of “professional healthcare services”.

**f. Coverage Provided Under Coverages A or B**

Any claim or “suit” for which coverage is provided under **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY** or **COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY** of this policy.

All Exclusions pertaining to “bodily injury” and “property damage” under **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY** and “personal and advertising injury” under **COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY** shall apply equally to “bodily injury” and “property damage” under this **COVERAGE D – CHILD CARE PROFESSIONAL LIABILITY COVERAGE**, except Exclusions **A.1.** and **A.2.** on page 1 of this Child Care Professional Liability Coverage Endorsement which do not apply to **COVERAGE D CHILD CARE LIABILITY COVERAGE**.

**C.** With respect to **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY** and **COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY**, subparagraph **1.a.(2)** of each Coverage is deleted and replaced with the following:

**(2)** Our right and duty to defend ends when we have used up the applicable limit of insurance in the payment of judgments or settlements under Coverages **A, B, or D**, or medical expenses under Coverage **C**.

**D.** The title **SUPPLEMENTARY PAYMENTS – COVERAGES A AND B** is deleted and replaced with the new title **SUPPLEMENTARY PAYMENTS – COVERAGES A, B, AND D**.

**E.** Subparagraph **1.** of **SECTION III – LIMITS OF INSURANCE** is deleted and replaced with the following:

**1.** The Limits of Insurance shown in the Declarations and in the Schedule of the Child Care

Professional Liability Coverage Endorsement along with the rules below fix the most we will pay regardless of the number of:

- a. Insureds;
- b. Claims made or “suits” brought;
- c. Persons or organizations making claims or bringing “suits”; or
- d. “Wrongful acts”.

F. Subparagraph 2. of **SECTION III – LIMITS OF INSURANCE** is deleted and replaced with the following:

- 2. The General Aggregate Limit shown in the Declarations is the most we will pay for the sum of:
  - a. Medical Expenses under Coverage **C**;
  - b. Damages under Coverage **A**, except damages because of “bodily injury” or “property damage” included in the “products-completed operations hazard”;
  - c. Damages under Coverage **B**; and
  - d. Damages under Coverage **D**.

G. Subparagraph 7. is added to **SECTION III – LIMITS OF INSURANCE** as follows:

- 7. Subject to 2. above, the Each Wrongful Act Limit shown in the Schedule of the CHILD CARE Professional Liability Coverage Endorsement is the most we will pay for all damages arising out of a single “wrongful act” under Coverage **D**.

All “wrongful acts” resulting from related or interrelated “wrongful acts” will be deemed to be a single “wrongful act”.

H. Subparagraph a. of Paragraph 2. of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** is deleted and replaced with the following:

**2. Duties in the Event of a “Wrongful Act”, Occurrence, Offense, Claim or Suit**

- a. You must see to it that we are notified as soon as practicable of a “wrongful act”, “occurrence” or offense which may result in an claim. To the extent possible, notice should include:
  - (1) How, when and where the “wrongful act”, “occurrence” or offense took place; and
  - (2) The names and addresses of any injured persons and witnesses; and
  - (3) Nature and location of any injury or damage arising out of the “wrongful act”, “occurrence” or offense.

I. With respect to this endorsement only, Paragraph 4. **Other Insurance** of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** is deleted in its entirety and replaced with the following.

Insurance provided by **COVERAGE D CHILD CARE PROFESSIONAL LIABILITY COVERAGE** shall be excess over any other insurance provided to any insured whether such insurance is

provided on a primary, excess, contingent, or any other basis, unless such insurance is written to be specifically excess of this policy.

J. Paragraph 18. in **SECTION V – DEFINITIONS** is deleted and replaced with the following:

18. "Suit" means a civil proceeding in which damages because of "bodily injury", "property damage", "personal and advertising injury", or a "wrongful act" to which this insurance applies is alleged. "Suit" includes:

- a. An arbitration proceeding in which such damages are claimed and to which the insured must submit or does submit with our consent; or
- b. Any other alternative dispute resolution proceeding in which such damages are claimed and to which the insured submits with our consent.

K. In addition to the definitions in **SECTION V – DEFINITIONS** which apply to **COVERAGE D– CHILD CARE PROFESSIONAL LIABILITY COVERAGE**, the following additional definitions apply to Coverage **D** only, and with respect to Coverage **D**, supersede any similar definitions in the policy:

- 1. "Wrongful act" means any act, error, or omission in the rendering or failure to render "child care services" provided by the insured.
- 2. "Child care services" means those services rendered by the insured for compensation, for the care, protection and supervision of a minor child, for a period of less than 24 hours per day, on a regular basis, which supplements parental care, enrichment and health supervision for that child. Activities and services that you are not authorized by law to render or that are outside of your charter or not approved by your board of directors and/or voting members do not constitute "child care services".
- 3. "Professional healthcare services" means:
  - a. Medical, optometric, psychiatric, chiropractic, veterinary, psychological, surgical, dental, x-ray, physical therapy, or nursing service or treatment or the furnishing of food or beverages in connection therewith; or
  - b. The furnishing or dispensing of drugs or medical, dental or surgical supplies or appliances without prior written authorization from that minor child's parent or guardian.

All other terms and conditions of the policy remain the same.

---

Authorized Representative

**ENDORSEMENT**

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

This endorsement, effective 12:01 a.m. forms a part of Policy

No. issued to by

**EXCLUSION – OPEN ROOF PROPERTY DAMAGE**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

Paragraph 2. Exclusions of **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY (SECTION I – COVERAGES)** is amended to include the following:

**Open Roofs**

"Property damage" arising out of "open roofs":

- (1) which are unattended by the insured or its contractors or subcontractors at the time of the loss; and
- (2) on which such insured or its contractors or subcontractors fail: (i) to provide temporary waterproof covering to withstand the elements, (ii) to properly secure such waterproof covering, or (iii) to use industry standard waterproof covering.

As used in this exclusion, "open roofs" means any roof or section thereof where the protective covering, including but not limited to shingles, tar, and felt paper, has been removed leaving exposed the wood shell in addition to the wood shell or section thereof being removed.

All other terms and conditions of the policy remain the same.

---

Authorized Representative

*SERFF Tracking Number:*      *AGNY-125940866*                      *State:*                      *Arkansas*  
*First Filing Company:*      *Granite State Insurance Company, ...*                      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *AIC-08-GL-35*  
*TOI:*                      *17.0 Other Liability-Occ/Claims Made*                      *Sub-TOI:*                      *17.0001 Commercial General Liability*  
*Product Name:*                      *Commercial General Liability/151640288/72017002*  
*Project Name/Number:*                      *Commercial General Liability /AIC-08-GL-35*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNY-125940866 State: Arkansas  
First Filing Company: Granite State Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: AIC-08-GL-35  
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability  
Product Name: Commercial General Liability/151640288/72017002  
Project Name/Number: Commercial General Liability /AIC-08-GL-35

## Supporting Document Schedules

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

**Review Status:** Approved 12/23/2008

**Comments:**

**Attachments:**

PCFFS-1.pdf  
Form Listing.pdf

## Property & Casualty Transmittal Document

**1. Reserved for Insurance Dept. Use Only**

**2. Insurance Department Use only**

- 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.</b>	<b>Group Name</b>	<b>Group NAIC #</b>
	American International Group, Inc.	012

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	Granite State Insurance Company	PA	23809	02-0140690
	New Hampshire Insurance Company	PA	23841	02-0172170

<b>5.</b>	<b>Company Tracking Number</b>	<b>AIC-08-GL-35</b>
-----------	--------------------------------	---------------------

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	Fax #	e-mail
	Jameka Harris 175 Water Street, 17 <sup>th</sup> Floor New York, NY, 10038	Filings Analyst	(212)458-7056	(212)458-7077	<a href="mailto:jameka.harris@aig.com">jameka.harris@aig.com</a>
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Jameka Harris		

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

9.	Type of Insurance (TOI)	17.1000 Other Liability – Occ/Claims Made		
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)	Commercial General Liability		
13.	Filing Type Endorsement	<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		
14.	Effective Date(s) Requested	New: January 10, 2009	Renewal:	January 10, 2009
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16.	Reference Organization (if applicable)	N/A		
17.	Reference Organization # & Title	N/A		
18.	Company's Date of Filing	December 11, 2008		
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

## Property & Casualty Transmittal Document---

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	AIC-08-GL-35
------------	--	--------------

<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]
------------	--

The companies referenced in this filing submit for your review and approval two (2) endorsements to be used with the occurrence version of the ISO Commercial General Liability Coverage Form.

Please refer to the attached forms listing for information about the forms included in this filing.

Your favorable consideration and approval are respectfully requested.

<b>22.</b>	<b>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]
------------	---

<b>Check #:</b>	EFT
<b>Amount:</b>	\$50.00

--------------

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

Effective January 1, 2006

## 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>AIC-08-GL-35</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>N/A</b>			
<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>
1	COVERAGE D – CHILD CARE PROFESSIONAL LIABILITY COVERAGE ENDORSEMENT	100350 (12/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A
2	EXCLUSION – OPEN ROOF PROPERTY DAMAGE	99090 (12/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	N/A	N/A

Form Listing

	Form Title	Form No.	Form Type	New or Replacement	Form No. Being Replaced	Mandatory or Optional	Restricts, Broadens or Clarifies	Rate or Premium Impact	Description of Form
1	COVERAGE D – CHILD CARE PROFESSIONAL LIABILITY COVERAGE ENDORSEMENT	100350 (12/08)	E	N	N/A	M	B/C	No	Mandatory endorsement for all Day care/Child care risks. Form provides Coverage D for Professional Liability for Child Care Providers/Day Care Workers under the CGL. Form is meant to eliminate a coverage gap by providing a specific definition of child care services and wrongful acts for this specific service.
2	EXCLUSION – OPEN ROOF PROPERTY DAMAGE	99090 (12/08)	E	N	N/A	M	R	No	Mandatory endorsement for all Contractors risks. Excludes property damage coverage when a contractor leaves an open roof and without any waterproof covering.

A = Application  
 D = Declarations  
 E = Endorsement  
 P = Policy  
 O = Other (Please explain)

Yes or No