

SERFF Tracking Number: LDDX-125902065 State: Arkansas
Filing Company: Old Republic General Insurance Corporation State Tracking Number: EFT \$50
Company Tracking Number: GL AR0203107F01
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability
Product Name: Old Republic Independent GL Forms
Project Name/Number: Old Republic Independent GL Forms /GL AR0203107F01

Filing at a Glance

Company: Old Republic General Insurance Corporation

Product Name: Old Republic Independent GL Forms SERFF Tr Num: LDDX-125902065 State: Arkansas

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: GL AR0203107F01 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Edith Roberts, Brittany Yielding

Author: SPI ORChicago Disposition Date: 12/09/2008

Date Submitted: 11/13/2008 Disposition Status: Approved

Effective Date Requested (New): 12/15/2008

Effective Date Requested (Renewal):

Effective Date (New):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Old Republic Independent GL Forms

Project Number: GL AR0203107F01

Reference Organization:

Reference Title:

Filing Status Changed: 12/09/2008

State Status Changed: 12/09/2008

Corresponding Filing Tracking Number:

Filing Description:

Old Republic General Insurance Corporation submits the following for approval,

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

CG EN GN 0082 11 08 -

Clarifies definition of occurrence with regard to subcontractor property damage. Adds to the definition of the word "occurrence" with regard to property damage to "your work" caused by the work of a subcontractor.

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We request an effective date of 12/15/08.

Company and Contact

Filing Contact Information

Jodi Woods, State Filings Analyst jwoods@oldrepublic.com
 307 N. Michigan Avenue (312) 762-4532 [Phone]
 Chicago, IL 60601 (312) 762-4950[FAX]

Filing Company Information

Old Republic General Insurance Corporation	CoCode: 24139	State of Domicile: Illinois
307 N. Michigan Avenue	Group Code: 150	Company Type:
Chicago, IL 60601	Group Name:	State ID Number:
(312) 762-4500 ext. [Phone]	FEIN Number: 36-6067575	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic General Insurance Corporation	\$50.00	11/13/2008	23904862

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/09/2008	12/09/2008

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Disposition

Disposition Date: 12/09/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Occurence Definition Endorsement For Subcontracted Work Properrty Damage	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Occurence Definition Endorsement For Subcontracted Work Properry Damage	CG EN GN 0082	11 08	Endorseme New nt/Amendm ent/Conditio ns		0.00	CG EN GN 0082.PDF

OLD REPUBLIC GENERAL INSURANCE CORPORATION

OCCURRENCE DEFINITION ENDORSEMENT FOR SUBCONTRACTED WORK PROPERTY DAMAGE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The following is added to the definition of "occurrence" in Section V Definitions, but only for the purpose of determining whether property damage to "your work" caused by the work of one of your subcontractors is caused by an "occurrence" as defined under the Policy:

Defects in "your work", neither expected nor intended by any "insured" performed on your behalf by any subcontractor(s), shall also be deemed an "occurrence", provided the work performed by the subcontractor(s) on your behalf is within the "products-completed operations hazard."

Named Insured			
Policy Number		Endorsement No.	
Policy Period		to	Endorsement Effective Date:
Producer's Name:			
Producer Number:			

AUTHORIZED REPRESENTATIVE

DATE

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 12/09/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.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: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #
Old Republic Insurance Group	0150

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Old Republic General Insurance Corporation	IL	24139	36-6067575	

5. Company Tracking Number	GL AR0203107F01
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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
	Jodi L. Woods 307 N. Michigan Avenue Chicago IL 60601	State Filings Analyst	800-621-0365 Ext. 4532	312-762-4950	jwoods@oldrepublic.com

7. Signature of authorized filer	
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8. Please print name of authorized filer	Jodi L. Woods
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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 Program
13.	Filing Type	<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)
14.	Effective Date(s) Requested	New: 12/15/08 Renewal: 12/15/08
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	11/13/08
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

20.	This filing transmittal is part of Company Tracking #	GL AR0203107F01
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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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Old Republic General Insurance Corporation submits the following for approval,

CG EN GN 0082 11 08 -

Clarifies definition of occurrence with regard to subcontractor property damage. Adds to the definition of the word "occurrence" with regard to property damage to "your work" caused by the work of a subcontractor.

We request an effective date of 12/15/08.

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