

SERFF Tracking Number: LDDX-125938658 State: Arkansas  
Filing Company: Old Republic General Insurance Corporation State Tracking Number: EFT \$50  
Company Tracking Number: GL AR0204007F01  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: Old Republic Independent GL Forms  
Project Name/Number: Old Republic Independent GL Forms /GL AR0204007F01

## Filing at a Glance

Company: Old Republic General Insurance Corporation

Product Name: Old Republic Independent GL SERFF Tr Num: LDDX-125938658 State: Arkansas  
Forms

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: GL AR0204007F01

State Status: Fees verified and  
received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith  
Roberts

Author: SPI ORChicago

Disposition Date: 12/11/2008

Date Submitted: 12/09/2008

Disposition Status: Approved

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

Effective Date (New):

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Old Republic Independent GL Forms

Status of Filing in Domicile:

Project Number: GL AR0204007F01

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/11/2008

State Status Changed: 12/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Old Republic General Insurance Corporation submits new mandatory endorsement CG EN GN 0083 12 08 -  
Amendment Of Insurance Agreement Prior Damage Or Injury for approval.

This endorsement will be attached to the most current Insurance Services Office, Inc. (ISO) Commercial General  
Liability Coverage Form available for use in your state. Under certain circumstances the ISO form as currently written  
allows coverage for a continuous loss through multiple policy periods until the insured knows about the damage. This

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endorsement restricts the policy coverage for known damages in order to allocate an occurrence to one policy period. Failure to re-define the policy to allocate damage to when it first occurs would force us to restrict the offering of completed operations to our insureds.

We request a January 1, 2009 effective date.

## Company and Contact

### Filing Contact Information

Johnathan Hagen, State Filings Analyst jhagen@oldrepublic.com  
 307 N. Michigan Avenue (312) 346-8100 [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	

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## 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	12/09/2008	24421065

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/11/2008	12/11/2008

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## Disposition

Disposition Date: 12/11/2008

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	Amendment of Insurance Agreement Prior Damage or Injury	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amendment of Insurance Agreement Prior Damage or Injury	CG EN GN 0083	12 08	Endorsement/Amendment/Conditions	New	0.00	CG EN GN 0083 12 08.PDF

(5) Any "bodily injury" or "property damage" began

regardless of whether the "bodily injury" or "property damage" results in additional related or unrelated claims, is continuous, progressive, repeated, changing or results from exposure to substantially the same general harm.

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

All other terms and conditions of this policy remain unchanged.

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

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

# OLD REPUBLIC GENERAL INSURANCE CORPORATION

## AMENDMENT OF INSURANCE AGREEMENT PRIOR DAMAGE OR INJURY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART  
RAILROAD PROTECTIVE LIABILITY COVERAGE FORM

Paragraph 1. Insuring Agreement of Section I – Coverage A – Bodily Injury And Property Damage Liability is replaced by the following:

### 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” 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 “occurrence” 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 end when we have used up the applicable limit of insurance in the payment of judgments or settlements under Coverages A and B 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 and B.

- b. This insurance applies to “bodily injury” and “property damage” only if:

- (1) The “bodily injury” or “property damage” is caused by an “occurrence” that takes place in the “coverage territory”;
- (2) The “bodily injury” or “property damage” first takes place during the policy period, regardless of when such “occurrence” giving rise to “bodily injury” or “property damage” takes place.

- c. All “bodily injury” or “property damage” caused by or arising out of an “occurrence” is deemed to first take place at the earliest of when:

- (1) Any “bodily injury” or “property damage” first becomes known to anyone; or
- (2) It is alleged that any “bodily injury” or “property damage” first manifests; or
- (3) Notification of the alleged existence of a potential or actual claim for any “bodily injury” or “property damage” is received by the insured, its employees, agents, subsidiary, related entity, subcontractor or representatives; or
- (4) The insured, its employees, agents, subsidiary, related entity or representatives knew or should have known that any “bodily injury” or “property damage” has occurred; or

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## **Rate Information**

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## Supporting Document Schedules

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

**Review Status:** Approved 12/11/2008

**Comments:**

**Attachment:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF



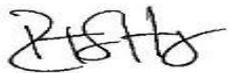
## Property & Casualty Transmittal Document

<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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; 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					

<b>3. Group Name</b>	<b>Group NAIC #</b>			
	0150			
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Old Republic General Insurance Corporation	IL	24139	36-6067575	

<b>5. Company Tracking Number</b>	GL AR0204007F01
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Johnathan Hagen 307 N. Michigan Avenue Chicago IL 60601	State Filings Analyst	800-621-0365 Ext. 4534	312-762-4950	jhagen@oldrepublic.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Johnathan Hagen		

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

<b>9.</b>	<b>Type of Insurance (TOI)</b>	17.2 Other Liability - Occurrence Only
<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	17.2001 Commercial General Liability
<b>11.</b>	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12.</b>	<b>Company Program Title (Marketing Title)</b>	Commercial General Liability
<b>13.</b>	<b>Filing Type</b>	<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)
<b>14.</b>	<b>Effective Date(s) Requested</b>	New: 01/01/09      Renewal: 01/01/09
<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization (if applicable)</b>	N/A
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	N/A
<b>18.</b>	<b>Company's Date of Filing</b>	12/09/08
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved