

SERFF Tracking Number: PERR-125875723 State: Arkansas
 Filing Company: Plaza Insurance Company State Tracking Number: #104208 \$50
 Company Tracking Number: PLZ-GL-AR-08-01-F
 TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability
 Product Name: General Liability
 Project Name/Number: PLZ-GL-AR-08-01-F/PLZ-GL-AR-08-01-F

Filing at a Glance

Company: Plaza Insurance Company

Product Name: General Liability SERFF Tr Num: PERR-125875723 State: Arkansas
 TOI: 17.0 Other Liability-Occ/Claims Made SERFF Status: Closed State Tr Num: #104208 \$50
 Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: PLZ-GL-AR-08-01-F State Status: Fees verified and received
 Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts
 Authors: Faviola Jimenez, Lois Pimentel Disposition Date: 12/09/2008
 Date Submitted: 11/25/2008 Disposition Status: Approved
 Effective Date Requested (New): 01/01/2009 Effective Date (New):
 Effective Date Requested (Renewal): 01/01/2009 Effective Date (Renewal):
 State Filing Description:

General Information

Project Name: PLZ-GL-AR-08-01-F Status of Filing in Domicile: Pending
 Project Number: PLZ-GL-AR-08-01-F Domicile Status Comments:
 Reference Organization: Insurance Services Office Reference Number: All currently approved ISO forms
 Reference Title: Advisory Org. Circular:
 Filing Status Changed: 12/09/2008 Deemer Date:
 State Status Changed: 12/09/2008
 Corresponding Filing Tracking Number: Exempt
 Filing Description:

On behalf of Plaza Insurance Company (the "Company"), we are filing to introduce a new program. The Company is filing to adopt all currently approved ISO forms for the new General Liability program. The Company is a member of Insurance Services Office, Inc. ("ISO") and has given ISO the authority to file on their behalf where permitted. With this filing, the Company is adopting the current approved ISO forms in your state.

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Also included are the new independent Company forms for your review.

Please note that the rates and rules for this filing are being prepared as a desk filing.

We respectfully request this filing to be effective on January 1, 2009.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. The Company has prepared the forms contained within this filing. All correspondence related to this filing should be directed to Perr&Knight. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

Please do not hesitate to contact us with any questions or comments.

Company and Contact

Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Lois Pimentel, State Filings Project Coordinator doi@perrknight.com
Perr&Knight (888) 201-5123 [Phone]
Pacific Palisades, CA 90272 (310) 230-8529[FAX]

Filing Company Information

Plaza Insurance Company CoCode: 30945 State of Domicile: Missouri
700 W. 47th St, Ste 350 Group Code: 4463 Company Type:
Kansas City, MO 64112 Group Name: Rockhill Holding State ID Number:
Group
(816) 412-2836 ext. [Phone] FEIN Number: 58-1140651

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: AR charges \$50.00 per form filing

SERFF Tracking Number: *PERR-125875723* *State:* *Arkansas*
Filing Company: *Plaza Insurance Company* *State Tracking Number:* *#104208 \$50*
Company Tracking Number: *PLZ-GL-AR-08-01-F*
TOI: *17.0 Other Liability-Occ/Claims Made* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *General Liability*
Project Name/Number: *PLZ-GL-AR-08-01-F/PLZ-GL-AR-08-01-F*

Per Company: *No*

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Plaza Insurance Company	\$0.00	11/25/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
104208	\$50.00	11/11/2008

SERFF Tracking Number: PERR-125875723 State: Arkansas
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Product Name: General Liability
Project Name/Number: PLZ-GL-AR-08-01-F/PLZ-GL-AR-08-01-F

Correspondence Summary

Dispositions

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

SERFF Tracking Number: *PERR-125875723* *State:* *Arkansas*
Filing Company: *Plaza Insurance Company* *State Tracking Number:* *#104208 \$50*
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TOI: *17.0 Other Liability-Occ/Claims Made* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *General Liability*
Project Name/Number: *PLZ-GL-AR-08-01-F/PLZ-GL-AR-08-01-F*

Disposition

Disposition Date: 12/09/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125875723 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Form	Supplemental Declarations	Approved	Yes
Form	Common Policy Declarations	Approved	Yes
Form	Schedule of Forms and Endorsements	Approved	Yes
Form	Schedule of Named Insureds	Approved	Yes
Form	Schedule of Taxes, Surcharges and Fees	Approved	Yes
Form	Common Policy Change Endorsement	Approved	Yes
Form	Two or More Coverage Forms or Policies Issued by Us	Approved	Yes
Form	Commercial General Liability Coverage Schedule	Approved	Yes
Form	Schedule of General Liability Changes	Approved	Yes
Form	Asbestos Exclusion	Approved	Yes
Form	Designated Work Exclusion	Approved	Yes
Form	Exclusion of Assault and Battery	Approved	Yes
Form	Exclusion of Injury or Damage Caused by Animals	Approved	Yes
Form	Exclusion of Injury or Damage Caused by Firearms	Approved	Yes
Form	Exclusion of Punitive, Exemplary or Multiple Damages	Approved	Yes
Form	Federal Odometer Statute Errors and Omissions Coverage	Approved	Yes
Form	Federal Odometer Statute Errors and Omissions Coverage	Approved	Yes
Form	Influenza or Epidemic Exclusion	Approved	Yes
Form	Lead Contamination Exclusion	Approved	Yes
Form	Subcontractor Warranty Endorsement	Approved	Yes
Form	Truth in Lending Errors and Omissions Coverage	Approved	Yes
Form	Truth in Lending Errors and Omissions Coverage	Approved	Yes

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Form	Vehicle Title Errors and Omissions Coverage	Approved	Yes
Form	Vehicle Title Errors and Omissions Coverage	Approved	Yes
Form	Influenza or Epidemic Exclusion Notice to Policyholders	Approved	Yes
Form	TRIA Advisory Notice to Policyholders	Approved	Yes
Form	Disclosure Notice of Terrorism Insurance Coverage	Approved	Yes
Form	Signature Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Supplemental Declarations	PIC 10200	09 08	Declaration News/Schedule		0.00	GL - SUPPLEMENTARY DEC.pdf
Approved	Common Policy Declarations	PIC 10000	09 08	Declaration News/Schedule		0.00	COMMON POLICY DEC.pdf
Approved	Schedule of Forms and Endorsements	PIC 10005	09 08	Declaration News/Schedule		0.00	FORM SCHEDULE.pdf
Approved	Schedule of Named Insureds	PIC 10010	09 08	Declaration News/Schedule		0.00	NAMED INS SCHED.pdf
Approved	Schedule of Taxes, Surcharges and Fees	PIC 10015	09 08	Declaration News/Schedule		0.00	SCHED OF TAX, SURCHARGE, FEE.pdf
Approved	Common Policy Change Endorsement	PIC 10020	09 08	Endorsement/Amendment/Conditions		0.00	COMMON POLICY CHANGE ENDT.pdf
Approved	Two or More Coverage Forms or Policies Issued by Us	PIC 10030	09 08	Endorsement/Amendment/Conditions		0.00	Two or More Coverage Forms.pdf
Approved	Commercial General Liability Coverage Schedule	PIC 10205	09 08	Declaration News/Schedule		0.00	GL COVERAGE SCHEDULE.pdf
Approved	Schedule of General Liability Changes	PIC 10210	09 08	Declaration News/Schedule		0.00	GL CHANGE ENDORSEMENT.pdf
Approved	Asbestos	PIC 10220	09 08	Endorsement New		0.00	ASBESTOS

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	Exclusion		nt/Amendm ent/Condi ons		EXCLUSION .pdf
Approved	Designated Work Exclusion	PIC 1022309 08	Endorseme New nt/Amendm ent/Condi ons	0.00	Designated Work Exclusion.pdf
Approved	Exclusion of Assault and Battery	PIC 1022509 08	Endorseme New nt/Amendm ent/Condi ons	0.00	A&B EXCLUSION .pdf
Approved	Exclusion of Injury or Damage Caused by Animals	PIC 1023009 08	Endorseme New nt/Amendm ent/Condi ons	0.00	ANIMAL EXCL.pdf
Approved	Exclusion of Injury or Damage Caused by Firearms	PIC 1023509 08	Endorseme New nt/Amendm ent/Condi ons	0.00	FIREARM EXCL.pdf
Approved	Exclusion of Punitive, Exemplary or Multiple Damages	PIC 1024009 08	Endorseme New nt/Amendm ent/Condi ons	0.00	PUNITIVE EXCL.pdf
Approved	Federal Odometer Statute Errors and Omissions Coverage	PIC 1024509 08	Endorseme New nt/Amendm ent/Condi ons	0.00	FEDERAL ODOMETER .pdf
Approved	Federal Odometer Statute Errors and Omissions Coverage	PIC 1024609 08	Endorseme New nt/Amendm ent/Condi ons	0.00	FEDERAL ODOMETER -INCL CLAIMS.pdf
Approved	Influenza or Epidemic Exclusion	PIC 1025009 08	Endorseme New nt/Amendm ent/Condi ons	0.00	INFLUENZA OR EPIDEMIC EXCLUSION

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Approval	Description	PIC	Endorsement/Condition	Amount	File Name
Approved	Lead Contamination Exclusion	PIC 1025209 08	Endorsement/Conditions New	0.00	LEAD EXCLUSION .pdf
Approved	Subcontractor Warranty Endorsement	PIC 1025309 08	Endorsement/Conditions New	0.00	Subcontractor Warranty Endorsement.pdf
Approved	Truth in Lending Errors and Omissions Coverage	PIC 1025509 08	Endorsement/Conditions New	0.00	TRUTH IN LENDING 10255.pdf
Approved	Truth in Lending Errors and Omissions Coverage	PIC 1025609 08	Endorsement/Conditions New	0.00	TRUTH IN LENDING - INCL CLAIMS 10256.pdf
Approved	Vehicle Title Errors and Omissions Coverage	PIC 1026009 08	Endorsement/Conditions New	0.00	VEHICLE TITLE E&O - CLAIMS INSIDE 10260.pdf
Approved	Vehicle Title Errors and Omissions Coverage	PIC 1026109 08	Endorsement/Conditions New	0.00	VEHICLE TITLE E&O - CLAIMS OUTSIDE 10261.pdf
Approved	Influenza or Epidemic Exclusion Notice to Policyholders	PIC 1025109 08	Disclosure/ New Notice	0.00	INFLUENZA NOTICE .pdf
Approved	TRIA Advisory Notice to Policyholders	PIC 1007009 08	Disclosure/ New Notice	0.00	TRIA NOTICE .pdf
Approved	Disclosure Notice of Terrorism Insurance	PIC 1007109 08	Disclosure/ New Notice	0.00	TRIA REJECTION .pdf

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Project Name/Number: PLZ-GL-AR-08-01-F/PLZ-GL-AR-08-01-F

Coverage

Approved Signature	PIC 9252 05 08	Endorsement/New/Amendment/Conditions	0.00	PIC Signature.pdf
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Plaza Insurance Company
COMMERCIAL GENERAL LIABILITY COVERAGE PART
SUPPLEMENTAL DECLARATIONS

Named Insured

Effective Date:
 12:01 A.M. Standard Time

Agent Name

Agent No.

Item 1. Business Description:

Item 2. Limits of Insurance
 Coverage

			Limit of Liability
Aggregate Limits of Liability	\$		Products/Completed Operations Aggregate
	\$		General Aggregate (Other than Products/Completed Operations)
Coverage A – Bodily Injury and Property Damage Liability	\$		any one occurrence subject to the Products/Completed Operations and General Aggregate Limits of Liability
	\$		any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability
Coverage B – Personal and Advertising Injury Liability	\$		any one person or organization subject to the General Aggregate Limits of Liability
Coverage C – Medical Payments	\$		any one person subject to the Coverage A occurrence and the General Aggregate Limits of Liability

Item 3. Retroactive Date

Item 2. of this Insurance does not apply to "wrongful employment practice" which occurs before the Retroactive Date, if any, shown here:

(Enter Date or "None" if no Retroactive Date applies)

Item 4. Form of Business and Location of Premises

Form of Business:

Location of All Premises You Own, Rent or Occupy:

See Schedule of Locations

Item 5. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

Item 6. Premiums

Coverage Part Premium: \$

Other Premium: \$

Total Premium: \$

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

Policy Number

Renewal of Policy #

Plaza Insurance Company COMMON POLICY DECLARATIONS

Item 1. Named Insured and Mailing Address

Agent Name and Address

Agent No.

Item 2. Policy Period:

From:

To

At 12:01 A.M., Standard Time at your mailing address shown above.

Item 3. Business Description:

Form of Business:

Item 4. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)

Premium

Commercial Property Coverage Part

Commercial General Liability Coverage Part

Commercial Crime Coverage Part

Commercial Inland Marine Coverage Part

Commercial Auto (Business or Truckers) Coverage Part

Commercial Garage Coverage Part

Total Policy Premium:

Item 5. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

Plaza Insurance Company
Hereinafter Referred To As The Company



President

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

Policy Number

SCHEDULE OF FORMS AND ENDORSEMENTS

Named Insured:

Effective Date:

12:01 A.M. Standard Time

Agent Name

Agent No.

PIC 10005 (09/08)

Policy Number

SCHEDULE OF NAMED INSURED(S)

Named Insured

Effective Date:
12:01 A.M. Standard Time

Agent Name

Agent No.

Policy Number

SCHEDULE OF TAXES, SURCHARGES OR FEES

Named Insured

Effective Date:

12:01 A.M. Standard Time

Agent Name

Agent No.

TAXES / SURCHARGES / FEES / DETAILED BREAKDOWN:

TOTAL \$ _____

Policy Number

Endorsement No.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Plaza Insurance Company COMMON POLICY CHANGE ENDORSEMENT

Named Insured

Effective Date:

12:01 A.M. Standard Time

Agent Name

Agent No.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by below.

- Commercial Property
- Commercial General Liability
- Commercial Crime
- Commercial Inland Marine
- Commercial Auto or Garage

The following item(s):

Insured's Name

Insured's Mailing Address

Policy Number

Company

Effective/Expiration Date

Insured's Legal Status/Business of Insured

Payment Plan

Premium Determination

Additional Interested Parties

Coverage Forms and Endorsements

Limits/Exposures

Deductibles

Covered Property/Location Description

Classifications/Class Codes

Rates

Underlying Exposure/Insurance

is (are) changed to read **{See Additional Page(s)}**

The above amendments result in a change in premium as follows:

This premium does not include taxes and surcharges.

No Changes

To be Adjusted at Audit

Additional

Return

Tax and Surcharge Changes

Additional

Return

Countersigned By:

AUTHORIZED AGENT

Policy Number

Endorsement #:

COMMON POLICY CHANGE ENDORSEMENT

Named Insured

Effective Date:

12:01 A.M. Standard Time

Agent Name

Agent No.

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:
If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

THIS ENDORSEMENT CHANGES THE POLICY – PLEASE READ IT CAREFULLY.

TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- TRUCKERS COVERAGE FORM
- COMMERCIAL GENERAL LIABILITY COVERAGE FORM
- PRODUCTS/COMPLETED OPERATION LIABILITY COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

The following CONDITION is added:

If this Coverage Form and any other Coverage Form or policy under which you are an insured, issued by us or any companies affiliated with us, apply to the same "accident" or "occurrence", the aggregate maximum Limit of Insurance under all the Coverage Forms or policies shall not exceed the highest applicable Limit of Insurance under any one Coverage Form or policy. This condition does not apply to any Coverage Form or policy issued by us or an affiliated company specifically to apply as excess insurance over this Coverage Form.

Authorized Representative

Date

All Other Terms and Conditions Remain Unchanged.

Plaza Insurance Company

COMMERCIAL GENERAL LIABILITY COVERAGE SCHEDULE

Named Insured

Effective Date:

12:01 A.M. Standard Time

Agent Name

Agent No.

Item 5. Location of Premises

Location of All Premises You Own, Rent or Occupy:

See Schedule of Locations

Code No.	Premium Basis	Premises/Operations	
Location	Exposure \$	Rate	Premium \$
Classification:		Products/Completed Operations	
		Rate	Premium \$
Code No.	Premium Basis	Premises/Operations	
Location	Exposure \$	Rate	Premium \$
Classification:		Products/Completed Operations	
		Rate	Premium \$
Code No.	Premium Basis	Premises/Operations	
Location	Exposure \$	Rate	Premium \$
Classification:		Products/Completed Operations	
		Rate	Premium \$

Policy Number

Endorsement No.

SCHEDULE OF GENERAL LIABILITY CHANGES

Named Insured

Effective Date:

12:01 A.M. Standard Time

Agent Name

Agent No.

CLASS CODE INFORMATION AFFECTED BY THIS CHANGE IS ADDED, DELETED OR CHANGED AS INDICATED.

THE FOLLOWING CLASS CODE INFORMATION IS:

Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
Classification:		Products/Completed Operations	
		Rate	Premium

THE FOLLOWING CLASS CODE INFORMATION IS:

Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
Classification:		Products/Completed Operations	
		Rate	Premium

THE FOLLOWING CLASS CODE INFORMATION IS:

Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
Classification:		Products/Completed Operations	
		Rate	Premium

THE FOLLOWING CLASS CODE INFORMATION IS:

Code No.	Premium Basis	Premises/Operations	
Location	Exposure	Rate	Premium
Classification:		Products/Completed Operations	
		Rate	Premium

This Endorsement Changes the Policy – Please Read it Carefully

Asbestos Exclusion

This endorsement modifies insurance provided under the following:

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

This insurance does not apply to:

- A) "Bodily Injury" or "property damage" in whole or in part, either directly or indirectly arising out of, based upon or attributable to any of the following:
1. Asbestos or any asbestos related injury or damage; or
 2. any alleged act, error, omission or duty involving asbestos, its use, exposure, presence, existence, detention, removal, elimination or avoidance; or
 3. the use, exposure, presence, existence, detention, removal, elimination or avoidance of asbestos in any environment, building or structure; and
- B) The investigation, settlement or defense of any claim, "suit" or proceeding against the insured alleging any actual or threatened injury or damage which arises out of or would not have occurred but for asbestos "Bodily Injury" or "Property Damage", as described above.

This endorsement is effective on the inception date of the policy unless otherwise stated herein.

All Other Terms and Conditions Remain Unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Designated Work Exclusion

This endorsement modifies insurance under the following:

**Commercial General Liability Coverage Form
Commercial Umbrella Coverage Form
Commercial Follow Form Coverage Form**

This insurance does not apply to any liability designated in the Schedule below arising out of:

1. Work or operations performed by or on behalf of the insured; and
2. Materials, parts or equipment furnished in connection with such work or operations, and
3. Warranties or representations made at any time with respect to the fitness, quality, durability or performance of any of the items included in 1. or 2. above.
4. The providing of or failure to provide warnings or instructions.

SCHEDULE

Description of Work or Operations:

All Other Terms and Conditions Remain Unchanged.

PIC 10223 (09/08)

1

Page 1 of

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THIS ENDORSEMENT CHANGES THE POLICY – PLEASE READ IT CAREFULLY.

EXCLUSION OF ASSAULT AND BATTERY

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- TRUCKERS COVERAGE FORM
- COMMERCIAL GENERAL LIABILITY COVERAGE FORM
- COMMERCIAL UMBRELLA COVERAGE FORM
- COMMERCIAL FOLLOW FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

This insurance does not apply to:

1. "Bodily injury," "property damage" or "personal and advertising injury" arising out of:
 - a. Assault and/or battery, any altercation, offensive contact, apprehension of offensive contact, or threat by words or deeds; or
 - b. Any act or omission in connection with the prevention or suppression of an assault and/or battery.
 - c. The
 1. Employment;
 2. Investigation;
 3. Supervision;
 4. Reporting to the proper authorities, or failure to so report; or
 5. Retention;of a person for whom any insured is or ever was legally responsible and whose conduct would be excluded by **a.** or **b.** above.
2. This exclusion applies regardless of intent and without regard to:
 - a. Whether the acts are alleged to be by or at the instruction or direction of an insured, an insured's officers, employees, agents or servants; or by another person lawfully or otherwise on or near premises owned or occupied by an insured; or by any other person; or
 - b. Any alleged failure of an insured, or an insured's officers, employees, agents or servants to prevent, bar or halt any such conduct.

All Other Terms and Conditions Remain Unchanged.

THIS ENDORSEMENT CHANGES THE POLICY – PLEASE READ IT CAREFULLY.

EXCLUSION OF INJURY OR DAMAGE CAUSED BY ANIMALS

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- TRUCKERS COVERAGE FORM
- COMMERCIAL GENERAL LIABILITY COVERAGE FORM
- COMMERCIAL UMBRELLA COVERAGE FORM
- COMMERCIAL FOLLOW FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

This insurance does not apply to:

Any “bodily injury”, “property damage” , “personal and advertising injury” or “loss(es)” caused by or resulting from an “animal” owned by, leased or loaned to, or in the care, custody or control of any insured;

“animal” means any animal kept as a pet or guard animal, or that lives in association with people, including, but not limited to, a dog, cat, horse, sheep, goat, cow, pig, or bird.

All Other Terms and Conditions Remain Unchanged.

THIS ENDORSEMENT CHANGES THE POLICY – PLEASE READ IT CAREFULLY.

EXCLUSION OF INJURY OR DAMAGE CAUSED BY FIREARMS

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- TRUCKERS COVERAGE FORM
- COMMERCIAL GENERAL LIABILITY COVERAGE FORM
- COMMERCIAL UMBRELLA COVERAGE FORM
- COMMERCIAL FOLLOW FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

This insurance does not apply to:

1. "Bodily injury", "property damage", "personal and advertising injury" or "loss" caused by, resulting from or arising out of the ownership, possession, entrustment, discharge or use of any firearm. Use includes, but is not limited to, operation, maintenance and loading or unloading.
2. This exclusion applies regardless of intent and without regard to:
 - a. Whether the ownership, possession, entrustment, discharge or use of the firearm is alleged to be by or at the instruction or direction of an insured; an insured's officers, employees, agents or servants; by another person lawfully or otherwise on or near premises owned or occupied by an insured; or by any other person; or
 - b. Any alleged failure of an insured, or an insured's officers, employees, agents or servants to prevent, bar or halt any such ownership, possession, entrustment, discharge or use of a firearm.

All Other Terms and Conditions Remain Unchanged.

THIS ENDORSEMENT CHANGES THE POLICY – PLEASE READ IT CAREFULLY.

EXCLUSION OF PUNITIVE, EXEMPLARY, OR MULTIPLE DAMAGES

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- TRUCKERS COVERAGE FORM
- COMMERCIAL GENERAL LIABILITY COVERAGE FORM
- COMMERCIAL UMBRELLA COVERAGE FORM
- COMMERCIAL FOLLOW FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

This insurance does not apply to and we have no duty to defend:

Any claim, demand, "suit" or indemnification for punitive damages or exemplary damages, fines, penalties, or any increase in damages resulting from the multiplication or increase of compensatory or actual damages.

The provisions of this endorsement do not apply in any state where such provision is expressly prohibited by state law or regulation.

All Other Terms and Conditions Remain Unchanged.

THIS ENDORSEMENT CHANGES THE POLICY – PLEASE READ IT CAREFULLY.

FEDERAL ODOMETER STATUTE ERRORS AND OMISSIONS COVERAGE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- TRUCKERS COVERAGE FORM
- COMMERCIAL GENERAL LIABILITY COVERAGE FORM
- COMMERCIAL UMBRELLA POLICY
- COMMERCIAL FOLLOW FORM POLICY

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below: (The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

ANNUAL PREMIUM \$ _____

It is agreed that the insurance is extended to include the following agreement:

SCHEDULE

Per Claim Limit of Insurance	\$ _____
Aggregate Limit of Insurance	\$ _____

COVERAGE

We will pay on your behalf all sums which the "insured" shall become legally obligated to pay as damages because of an error or omission, occurring during the policy period, in failing to comply with the Federal Motor Vehicle Information and Cost Savings Act and its regulations. (49 U.S.C. Chapter 37, 49 C.F.R. 580) We have the right and duty to defend any "insured" against a "suit" asking for damages on account of such error or omission. However, we have no duty to defend any "insured" against a "suit" asking for damages to which this insurance does not apply. We may make such investigation and settlement of any claim or "suit" as we deem expedient. Our duty to defend ends for this coverage when the Limit of Insurance for this coverage has been exhausted by payments.

LIMITS OF INSURANCE

The most we will pay for any one error or omission or series of continuous, repeated or related errors or omissions is the per claim limit of liability specified in the Schedule.

The aggregate limit of liability specified in the Schedule above is the annual aggregate and shall be the maximum aggregate liability for all damages and **Claim Expenses** from all claims or "suits" to which this Policy applies. **Claim Expenses** are part of, and not in addition to, the limit of liability.

We shall not be obligated to pay any damages or **Claim Expenses** or to defend or continue to defend any claim or "suit" after the limit of liability has been exhausted. In such case, we shall have the right to withdraw from the further investigation or defense of any pending claim or "suit" by tendering control of such investigation or defense

of the "insured" and the "insured" agrees, as a condition to the issuance of this policy, to accept such tender and proceed solely at its own cost and expense.

DEDUCTIBLE

A \$1,000.00 deductible shall apply to each claim under this endorsement. We shall only be liable for the amount of loss exceeding the deductible.

EXCLUSIONS

1. We will not pay for:
 - a. Criminal acts;
 - b. An injunction of your activities; or
 - c. Intentional, dishonest, or fraudulent acts.
2. We will not pay any judgment, costs or attorney fees imposed on the "insured" because of an intentional violation of any federal, state or local law regulating the maintenance of, altering of, resetting of, or tampering with odometers; and
3. We will not cover **Claim Expenses** for:
 - a. Criminal acts;
 - b. An injunction of your activities; or
 - c. Intentional, dishonest, or fraudulent acts.

DEFINITIONS

Claim Expenses means:

- a. Reasonable fees, costs and expenses charged by attorneys retained or approved by us for a "suit" brought against the "insured"; and
- b. Reasonable and necessary fees, costs and expenses resulting from the investigation, adjustment, defense and appeal of a "suit" including, but not limited to, premiums for any appeal bond, attachment bond or similar bond but without any obligation by us to apply for or furnish such bond.

Claims Expenses shall not include:

- a. Salaries, loss of earnings, reimbursement of the "insured's" time or attendance required in any investigation, defense or appearance; or
- b. Other remuneration by or to the "insured".

The limit of liability shall first be applied to **Claim Expenses** with the remainder, if any, being the amount available to pay as damages. The determination by us as to the reasonableness of **Claim Expenses** shall be conclusive.

Authorized Representative

Date

All Other Terms and Conditions Remain Unchanged.

THIS ENDORSEMENT CHANGES THE POLICY – PLEASE READ IT CAREFULLY.

FEDERAL ODOMETER STATUTE ERRORS AND OMISSIONS COVERAGE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- TRUCKERS COVERAGE FORM
- COMMERCIAL GENERAL LIABILITY COVERAGE FORM
- COMMERCIAL UMBRELLA POLICY
- COMMERCIAL FOLLOW FORM POLICY

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below: (The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

ANNUAL PREMIUM \$ _____

It is agreed that the insurance is extended to include the following agreement:

SCHEDULE

Per Claim Limit of Insurance	\$ _____
Aggregate Limit of Insurance	\$ _____

COVERAGE

We will pay on your behalf all sums which the "insured" shall become legally obligated to pay as damages, including all **Claim Expenses** because of an error or omission, occurring during the policy period, in failing to comply with the Federal Motor Vehicle Information and Cost Savings Act and its regulations. (49 U.S.C. Chapter 37, 49 C.F.R. 580) We have the right and duty to defend any "insured" against a "suit" asking for damages on account of such error or omission. However, we have no duty to defend any "insured" against a "suit" asking for damages to which this insurance does not apply. We may make such investigation and settlement of any claim or "suit" as we deem expedient. Our duty to defend ends for this coverage when the Limit of Insurance for this coverage has been exhausted by payments.

LIMITS OF INSURANCE

The most we will pay for any one error or omission or series of continuous, repeated or related errors or omissions is the per claim limit of liability specified in the Schedule.

The aggregate limit of liability specified in the Schedule above is the annual aggregate and shall be the maximum aggregate liability for all damages from all claims or "suits" to which this Policy applies.

We shall not be obligated to pay any damages or **Claim Expenses** or to defend or continue to defend any claim or "suit" after the limit of liability has been exhausted. In such case, we shall have the right to withdraw from the further investigation or defense of any pending claim or "suit" by tendering control of such investigation or defense

of the "insured" and the "insured" agrees, as a condition to the issuance of this policy, to accept such tender and proceed solely at its own cost and expense.

DEDUCTIBLE

A \$1,000.00 deductible shall apply to each claim under this endorsement. We shall only be liable for the amount of loss exceeding the deductible.

EXCLUSIONS

- 1. We will not pay for:
 - a. Criminal acts;
 - b. An injunction of your activities; or
 - c. Intentional, dishonest, or fraudulent acts.
- 2. We will not pay any judgment, costs or attorney fees imposed on the "insured" because of an intentional violation of any federal, state or local law regulating the maintenance of, altering of, resetting of, or tampering with odometers; and
- 3. We will not cover **Claim Expenses** for:
 - a. Criminal acts;
 - b. An injunction of your activities; or
 - c. Intentional, dishonest, or fraudulent acts.

DEFINITIONS

Claim Expenses means:

- a. Reasonable fees, costs and expenses charged by attorneys retained or approved by us for a "suit" brought against the "insured"; and
- b. Reasonable and necessary fees, costs and expenses resulting from the investigation, adjustment, defense and appeal of a "suit" including, but not limited to, premiums for any appeal bond, attachment bond or similar bond but without any obligation by us to apply for or furnish such bond.

Claims Expenses shall not include:

- a. Salaries, loss of earnings, reimbursement of the "insured's" time or attendance required in any investigation, defense or appearance; or
- b. Other remuneration by or to the "insured".

The determination by us as to the reasonableness of **Claim Expenses** shall be conclusive.

Authorized Representative

Date

All Other Terms and Conditions Remain Unchanged.

THIS ENDORSEMENT CHANGES THE POLICY – PLEASE READ IT CAREFULLY.

INFLUENZA OR EPIDEMIC EXCLUSION

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

This insurance does not apply to "bodily injury", "property damage", "personal and advertising injury", loss or damage, or cost or expense arising out of, caused by or resulting from, directly or indirectly:

A. The:

1. infection or feared or suspected infection with;
2. diagnosis of or treatment for, or failure to diagnose or treat;
3. quarantine for or attempted containment of, or failure to quarantine or contain;
4. presence or detection of, or failure to detect;
5. prevention of or vaccination against, or failure to prevent or vaccinate;
6. restrictions on travel due to, or failure to restrict travel due to; or
7. declaration of an epidemic or pandemic due to, or failure to declare an epidemic or pandemic due to:

any type of influenza virus, including but not limited to types A, B or C virus, any subtype or strain of the influenza A, B or C virus (including but not limited to the H5 and H7 subtypes), any similar or related influenza or virus, or any derivation from, reassortment, or mutation (occurring either naturally or through human intervention) of the influenza A, B or C virus, including but not limited to a human influenza virus.

B. Any epidemic, pandemic, pandemic alert or outbreak (or other term of similar meaning) that is declared, announced or otherwise notified by the U.S. Center for Disease Control and Prevention (as such is reported in the Morbidity and Mortality Weekly Report), World Health Organization, or any national, state or local public health organization (or organization acting in a similar capacity).

Exclusion of the epidemic or pandemic infectious disease shall begin as of the date of such announcement or notification and shall continue until the termination date of such epidemic or pandemic; provided, however, that this exclusion shall continue to apply to any individual case of epidemic or pandemic infectious disease contracted during the exclusionary period that continues beyond the termination date.

All Other Terms and Conditions Remain Unchanged.

THIS ENDORSEMENT CHANGES THE POLICY – PLEASE READ IT CAREFULLY.

LEAD CONTAMINATION EXCLUSION

This endorsement modifies insurance provided under the following:

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

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

This insurance does not apply to:

- A. "Bodily injury", "property damage" or "personal and advertising injury", in whole or in part, either directly or indirectly, arising out of, based upon or attributable to any of the following:
 - 1. The use, installation, storage, withdrawal, removal, encapsulation, destruction, containment, testing, distribution, ownership, presence, ingestion, inhalation, absorption, sale or disposal of lead, lead dust, lead fibers or material containing lead;
 - 2. Exposure to lead, lead dust, lead fibers or material containing lead; or
 - 3. Any error or omission in supervision, instructions, recommendations, notices, warnings or advise given, or which should have been given, in connection with lead, lead dust, lead fibers or material containing lead.
- B. The investigation, settlement or defense of any claim, "suit" or proceeding against the insured alleging any actual or threatened injury or damage which arises out of or would not have occurred but for lead "bodily injury", "property damage" or "personal and advertising injury", as described above.

All Other Terms and Conditions Remain Unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Subcontractor Warranty Endorsement

This endorsement modifies insurance under the following:

**Commercial General Liability Coverage Form
Commercial Umbrella Coverage Form
Commercial Follow Coverage Form**

It is hereby understood and agreed:

1. Insured warrants that it has obtained or will obtain certificates of insurance with limits of liability equal to or greater than those provided by the policies listed as Scheduled Underlying in our policy, from all subcontractors prior to commencement of any work performed for the insured.
2. Insured warrants that it has confirmed or will confirm that the subcontractors' insurance policies are in force and have not been cancelled prior to commencement of any work performed by the subcontractors for the insured.
3. Insured warrants that it has obtained or will obtain hold harmless agreements from all subcontractors agreeing to defend and indemnify the insured against all claims, suits or damages caused in whole or in part by the acts or omissions of the subcontractor.
4. Insured warrants that it has confirmed or will confirm that it is named as an additional insured on all subcontractors' general liability policies.
5. Insured warrants that it will give notice of claim to all "potential insurers" as soon as practicable.

"Potential insurers" means all insurance companies who may be obligated to defend and/or indemnify the insured as either a named insured or an additional insured. "Potential insurers" includes the insurers of all subcontractors who were contractually obligated to name the insured as an additional insured on their own insurance policy(ies).

In the event the insured fails to comply with the above conditions for a subcontractor whose acts or omissions directly or indirectly gives rise to a loss, claim or suit for damages, coverage for the insured for such loss, claim or suit for damages will be voided under this policy. Insured agrees that the company need not demonstrate any prejudice in order to enforce these conditions of coverage.

All Other Terms and Conditions Remain Unchanged.

THIS ENDORSEMENT CHANGES THE POLICY – PLEASE READ IT CAREFULLY.

TRUTH IN LENDING ERRORS AND OMISSIONS COVERAGE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- TRUCKERS COVERAGE FORM
- COMMERCIAL GENERAL LIABILITY COVERAGE FORM
- COMMERCIAL UMBRELLA POLICY
- COMMERCIAL FOLLOW FORM POLICY

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below: (The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

ANNUAL PREMIUM \$ _____

It is agreed that the insurance is extended to include the following agreement:

SCHEDULE

Per Claim Limit of Insurance	\$ _____
Aggregate Limit of Insurance	\$ _____

COVERAGE

We will pay on your behalf all sums which the "insured" shall become legally obligated to pay as damages solely by operation of the Consumer Credit Protection Act, Title 15 U.S.C. § 1640 as amended, for errors or omissions occurring during the policy period. We have the right and duty to defend any "insured" against a "suit" asking for damages on account of such error or omission. However, we have no duty to defend any "insured" against a "suit" asking for damages to which this insurance does not apply. We may make such investigation and settlement of any claim or "suit" as we deem expedient. Our duty to defend ends for this coverage when the Limit of Insurance for this coverage has been exhausted by payment(s).

LIMITS OF INSURANCE

The most we will pay for any one error or omission or series of continuous, repeated or related errors or omissions is the per claim limit of liability specified in the Schedule.

All Other Terms and Conditions Remain Unchanged.

The aggregate limit of liability specified in the Schedule above is the annual aggregate and shall be the maximum aggregate liability for all damages and **Claim Expenses** from all claims or "suits" to which this Policy applies. **Claim Expenses** are part of, and not in addition to, the limit of liability.

We shall not be obligated to pay any damages or **Claim Expenses** or to defend or continue to defend any claim or "suit" after the limit of liability has been exhausted. In such case, we shall have the right to withdraw from the further investigation or defense of any pending claim or "suit" by tendering control of such investigation or defense of the "insured" and the "insured" agrees, as a condition to the issuance of this policy, to accept such tender and proceed solely at its own cost and expense.

DEDUCTIBLE

A \$1,000.00 deductible shall apply to each claim under this endorsement. We shall only be liable for the amount of loss exceeding the deductible.

EXCLUSIONS

1. We will not pay for:
 - a. Criminal acts;
 - b. An injunction of your activities;
 - c. Intentional, dishonest, or fraudulent acts;
 - d. Claims arising out of Consumer Protection Act 15 U.S.C. Section 1611 as amended; or
 - e. Violations of state or local truth-in-lending statutes.
2. We will not pay any judgment, costs or attorney fees imposed on the "insured" because of an intentional violation of the provisions of the Truth in Lending Act; and
3. We will not cover **Claim Expenses** for:
 - a. Criminal acts;
 - b. An injunction of your activities;
 - c. Intentional, dishonest, or fraudulent acts;
 - d. Claims arising out of Consumer Protection Act 15 U.S.C. Section 1611 as amended; or
 - e. Violations of state or local truth-in-lending statutes.

DEFINITIONS

Claim Expenses means:

- a. Reasonable fees, costs and expenses charged by attorneys retained or approved by us for a "suit" brought against the "insured"; and
- b. Reasonable and necessary fees, costs and expenses resulting from the investigation, adjustment, defense and appeal of a "suit" including, but not limited to, premiums for any appeal bond, attachment bond or similar bond but without any obligation by us to apply for or furnish such bond.

Claims Expenses shall not include:

- a. Salaries, loss of earnings, reimbursement of the "insured's" time or attendance required in any investigation, defense or appearance; or
- b. Other remuneration by or to the "insured".

The limit of liability shall first be applied to **Claim Expenses** with the remainder, if any, being the amount available to pay as damages. The determination by us as to the reasonableness of **Claim Expenses** shall be conclusive.

Authorized Representative

Date

All Other Terms and Conditions Remain Unchanged.

THIS ENDORSEMENT CHANGES THE POLICY – PLEASE READ IT CAREFULLY.

TRUTH IN LENDING ERRORS AND OMISSIONS COVERAGE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- TRUCKERS COVERAGE FORM
- COMMERCIAL GENERAL LIABILITY COVERAGE FORM
- COMMERCIAL UMBRELLA POLICY
- COMMERCIAL FOLLOW FORM POLICY

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below: (The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

ANNUAL PREMIUM \$ _____

It is agreed that the insurance is extended to include the following agreement:

SCHEDULE

Per Claim Limit of Insurance	\$ _____
Aggregate Limit of Insurance	\$ _____

COVERAGE

We will pay on your behalf all sums which the "insured" shall become legally obligated to pay as damages, including all **Claim Expenses** solely by operation of the Consumer Credit Protection Act, Title 15 U.S.C. § 1640 as amended, for errors or omissions occurring during the policy period. We have the right and duty to defend any "insured" against a "suit" asking for damages on account of such error or omission. However, we have no duty to defend any "insured" against a "suit" asking for damages to which this insurance does not apply. We may make such investigation and settlement of any claim or "suit" as we deem expedient. Our duty to defend ends for this coverage when the Limit of Insurance for this coverage has been exhausted by payment(s).

LIMITS OF INSURANCE

The most we will pay for any one error or omission or series of continuous, repeated or related errors or omissions is the per claim limit of liability specified in the Schedule.

The aggregate limit of liability specified in the Schedule above is the annual aggregate and shall be the maximum aggregate liability for all damages from all claims or "suits" to which this Policy applies.

All Other Terms and Conditions Remain Unchanged.

We shall not be obligated to pay any damages or **Claim Expenses** or to defend or continue to defend any claim or "suit" after the limit of liability has been exhausted. In such case, we shall have the right to withdraw from the further investigation or defense of any pending claim or "suit" by tendering control of such investigation or defense of the "insured" and the "insured" agrees, as a condition to the issuance of this policy, to accept such tender and proceed solely at its own cost and expense.

DEDUCTIBLE

A \$1,000.00 deductible shall apply to each claim under this endorsement. We shall only be liable for the amount of loss exceeding the deductible.

EXCLUSIONS

1. We will not pay for:
 - a. Criminal acts;
 - b. An injunction of your activities;
 - c. Intentional, dishonest, or fraudulent acts;
 - d. Claims arising out of Consumer Protection Act 15 U.S.C. Section 1611 as amended; or
 - e. Violations of state or local truth-in-lending statutes.
2. We will not pay any judgment, costs or attorney fees imposed on the "insured" because of an intentional violation of the provisions of the Truth in Lending Act; and
3. We will not pay **Claim Expenses** for:
 - a. Criminal acts;
 - b. An injunction of your activities;
 - c. Intentional, dishonest, or fraudulent acts;
 - d. Claims arising out of Consumer Protection Act 15 U.S.C. Section 1611 as amended; or
 - e. Violations of state or local truth-in-lending statutes.

DEFINITIONS

Claim Expenses means:

- a. Reasonable fees, costs and expenses charged by attorneys retained or approved by us for a "suit" brought against the "insured"; and
- b. Reasonable and necessary fees, costs and expenses resulting from the investigation, adjustment, defense and appeal of a "suit" including, but not limited to, premiums for any appeal bond, attachment bond or similar bond but without any obligation by us to apply for or furnish such bond.

Claims Expenses shall not include:

- a. Salaries, loss of earnings, reimbursement of the "insured's" time or attendance required in any investigation, defense or appearance; or
- b. Other remuneration by or to the "insured".

The determination by us as to the reasonableness of **Claim Expenses** shall be conclusive.

Authorized Representative

Date

All Other Terms and Conditions Remain Unchanged.

THIS ENDORSEMENT CHANGES THE POLICY – PLEASE READ IT CAREFULLY.

VEHICLE TITLE ERRORS AND OMISSIONS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- TRUCKERS COVERAGE FORM
- COMMERCIAL GENERAL LIABILITY COVERAGE FORM
- COMMERCIAL UMBRELLA POLICY
- COMMERCIAL FOLLOW FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below: (The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

ANNUAL PREMIUM \$ _____

It is agreed that the insurance is extended to include the following agreement:

SCHEDULE

Per Claim Limit of Insurance	\$ _____	Any one negligent act, error or omission or series of continuous, repeated or related errors or omissions.
Aggregate Limit of Insurance	\$ _____	The sum of all covered damages during the policy period.

COVERAGE

We will pay on your behalf all sums which the "insured" shall become legally obligated to pay as damages, including **Claim Expenses**, from any negligent act, error or omission arising out of the failure to properly identify in motor vehicle title papers, the mortgagee or legal owner, provided such error or omission occurs during the policy period. However, coverage applies only if:

1. the purchaser, with criminal intent to defraud the mortgagee or legal owner, sells or transfers the title and then only if,
2. the mortgagee or legal owner makes a claim or brings "suit" against the "insured" for damages because of the negligent act, error or omission in title registration.

Our duty to defend ends for this coverage when the Limit of Insurance for this coverage has been exhausted by payment(s).

LIMITS OF INSURANCE

The per claim limit of liability specified in the Schedule above is for each negligent, act, error or omission or series of continuous, repeated or related acts, errors or omissions committed during the policy period.

The aggregate limit of liability specified in the Schedule above is the annual aggregate for the sum total of all payments for damages arising from all negligent acts, error or omissions committed during the policy period regardless of the number of claims or number of insureds under this policy. This includes **Claim Expenses** from all claims or "suits" to which this Policy applies. **Claim Expenses** are part of, and not in addition to, the limit of liability.

We shall not be obligated to pay any damages or **Claim Expenses** or to defend or continue to defend any claim or "suit" after the limit of liability has been exhausted. In such case, we shall have the right to withdraw from the further investigation or defense of any pending claim or "suit" by tendering control of such investigation or defense of the "insured" and the "insured" agrees, as a condition to the issuance of this policy, to accept such tender and proceed solely at its own cost and expense.

DEDUCTIBLE

A \$1,000.00 deductible shall apply to each claim under this endorsement. We shall only be liable for the amount of loss exceeding the deductible.

EXCLUSIONS

We will not pay and have no duty to defend any claim or "suit" arising out of:

1. any intentional, dishonest, fraudulent, criminal or malicious act or omission,
2. libel or slander,
3. "Bodily injury", "property damage", or "personal and advertising injury" in conjunction with any garage operations;
4. any act, error or omission that occurs prior to the policy period; or
5. criminal penalties; or
6. an injunction of your activities.

DEFINITIONS

Claim Expenses means:

- a. Reasonable fees, costs and expenses charged by attorneys retained or approved by us for a "suit" brought against the "insured"; and
- b. Reasonable and necessary fees, costs and expenses resulting from the investigation, adjustment, defense and appeal of a "suit" including, but not limited to, premiums for any appeal bond, attachment bond or similar bond but without any obligation by us to apply for or furnish such bond.

Claims Expenses shall not include:

- a. Salaries, loss of earnings, reimbursement of the "insured's" your time or attendance required in any investigation, defense or appearance; or
- b. Other remuneration by or to the "insured".

The limit of liability shall first be applied to **Claim Expenses** with the remainder, if any, being the amount available to pay as damages. The determination by us as to the reasonableness of **Claim Expenses** shall be conclusive.

Authorized Representative

Date

All Other Terms and Conditions Remain Unchanged.

THIS ENDORSEMENT CHANGES THE POLICY – PLEASE READ IT CAREFULLY.

VEHICLE TITLE ERRORS AND OMISSIONS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- TRUCKERS COVERAGE FORM
- COMMERCIAL GENERAL LIABILITY COVERAGE FORM
- COMMERCIAL UMBRELLA COVERAGE FORM

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

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:
(The following needs to be completed only when this endorsement is issued subsequent to inception of the policy.)

Named Insured	
Endorsement Effective	Policy Number

ANNUAL PREMIUM \$ _____

It is agreed that the insurance is extended to include the following agreement:

SCHEDULE

Per Claim Limit of Insurance	\$ _____	Any one negligent act, error or omission or series of continuous, repeated or related errors or omissions.
Aggregate Limit of Insurance	\$ _____	The sum of all covered damages during the policy period.

COVERAGE

We will pay on your behalf all sums which the "insured" shall become legally obligated to pay as damages, including **Claim Expenses**, from any negligent act, error or omission arising out of the failure to properly identify in motor vehicle title papers, the mortgagee or legal owner, provided such error or omission occurs during the policy period. However, coverage applies only if:

1. the purchaser, with criminal intent to defraud the mortgagee or legal owner, sells or transfers the title and then only if,
2. the mortgagee or legal owner makes a claim or brings "suit" against the "insured" for damages because of the negligent act, error or omission in title registration.

Our duty to defend ends for this coverage when the Limit of Insurance for this coverage has been exhausted by payment(s).

LIMITS OF INSURANCE

The per claim limit of liability specified in the Schedule above is for each negligent, act, error or omission or series of continuous, repeated or related acts, errors or omissions committed during the policy period.

The aggregate limit of liability specified in the Schedule above is the annual aggregate for the sum total of all payments for damages arising from all negligent acts, error or omissions committed during the policy period regardless of the number of claims or number of insureds under this policy.

We shall not be obligated to pay any damages or **Claim Expenses** or to defend or continue to defend any claim or "suit" after the limit of liability has been exhausted. In such case, we shall have the right to withdraw from the further investigation or defense of any pending claim or "suit" by tendering control of such investigation or defense of the "insured" and the "insured" agrees, as a condition to the issuance of this policy, to accept such tender and proceed solely at its own cost and expense.

DEDUCTIBLE

A \$1,000.00 deductible shall apply to each claim under this endorsement. We shall only be liable for the amount of loss exceeding the deductible.

EXCLUSIONS

We will not pay and have no duty to defend any claim or "suit" arising out of:

- 1. any intentional, dishonest, fraudulent, criminal or malicious act or omission,
- 2. libel or slander,
- 3. "Bodily injury", "property damage", or "personal and advertising injury" in conjunction with any garage operations;
- 4. any act, error or omission that occurs prior to the policy period; or
- 5. criminal penalties; or
- 6. an injunction of your activities.

DEFINITIONS

Claim Expenses means:

- a. Reasonable fees, costs and expenses charged by attorneys retained or approved by us for a "suit" brought against the "insured"; and
- b. Reasonable and necessary fees, costs and expenses resulting from the investigation, adjustment, defense and appeal of a "suit" including, but not limited to, premiums for any appeal bond, attachment bond or similar bond but without any obligation by us to apply for or furnish such bond.

Claims Expenses shall not include:

- a. Salaries, loss of earnings, reimbursement of the "insured's" your time or attendance required in any investigation, defense or appearance; or
- b. Other remuneration by or to the "insured".

The determination by us as to the reasonableness of **Claim Expenses** shall be conclusive.

Authorized Representative

Date

All Other Terms and Conditions Remain Unchanged.

INFLUENZA OR EPIDEMIC EXCLUSION NOTICE TO POLICYHOLDERS

THIS NOTICE IS FOR INFORMATIONAL PURPOSES ONLY AND IS NOT PART OF THE POLICY.

This Notice does not form a part of your insurance contract. No coverage is provided by this Notice, nor can it be construed to replace any provisions of your policy (including its endorsements). If there is any conflict between this Notice and the policy (including its endorsements), the provisions of the policy (including its endorsements) shall prevail.

Carefully read your policy, including the endorsements attached to your policy.

This Notice provides information concerning the following new endorsement, which applies to your new or renewal policy being issued by us:

Influenza or Epidemic Exclusion

This endorsement makes an explicit statement regarding a risk that is not covered under your insurance. It points out that there is no coverage for "bodily injury", "property damage", "personal and advertising injury", loss or damage, or cost or expense arising out of, caused by or resulting from, directly or indirectly any type of influenza or other epidemic or pandemic alerts or outbreaks. The exclusion in this endorsement applies to all coverages provided by your insurance policy.

PLAZA INSURANCE COMPANY

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007 ADVISORY NOTICE TO POLICYHOLDERS

THIS NOTICE IS FOR INFORMATIONAL PURPOSES ONLY AND IS NOT PART OF THE POLICY.

This Notice is designed to alert you to coverage changes that will affect your policy should you accept or reject terrorism coverage. If there is any conflict between this Notice and the policy (including its endorsements), the provisions of the policy (including its endorsements) apply. **PLEASE READ YOUR POLICY CAREFULLY AND CONTACT THE COMPANY OR YOUR AGENT IF YOU HAVE ANY QUESTIONS.**

The Terrorism Risk Insurance Act of 2002 established a program, the Terrorism Risk Insurance Program (the "Program"), under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. That Program, by extension in 2005, was scheduled to expire on December 31, 2007, but it has been extended once again until December 31, 2014 by the Terrorism Risk Insurance Program Reauthorization Act of 2007. Pursuant to the Program, every insurer is required to make coverage available for certain acts of terrorism, and an insured can either accept or reject that coverage.

At the time your policy was bound, issued or quoted, Congress had not yet acted to extend the Program, and the Program was scheduled to expire before your policy went into effect. Accordingly, coverage for certified acts of terrorism was not made available to you. With the extension of the Program, we must now make coverage available for you for certain acts of terrorism.

Please carefully review the attached DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE. The Disclosure Notice explains the coverage that is available for an additional premium. The Disclosure Notice also contains the additional premium amount that will be charged to you if you accept coverage for certain acts of terrorism. If, instead, you wish to reject the coverage, please sign and return the Disclosure Notice promptly.

Please note: Your failure to return a signed Disclosure Notice rejecting the terrorism coverage that is offered will result in an automatic attachment of the coverage to your policy and the assessment of the applicable premium for such coverage.

**PLAZA INSURANCE COMPANY
DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE**

You are hereby notified that under the United States Terrorism Risk Act of 2002 (Public Law 107-97), as modified and extended by the Terrorism Risk Insurance Extension Act of 2005 and the Terrorism Risk Insurance Program Reauthorization Act of 2007, you now have a right to purchase insurance coverage for losses arising out of an act of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the United States Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States: to be a violent act or an act that is dangerous to human life; property; or infrastructure; to have resulted in damages within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

IF YOU ARE ISSUED THE NEW OR RENEWAL POLICY FOR WHICH THIS QUOTE IS BEING PROVIDED, STONINGTON INSURANCE COMPANY WILL PROVIDE COVERAGE FOR AN ACT OF TERRORISM AS DEFINED IN THE ACT UNLESS YOU ADVISE US IN WRITING THAT YOU DO NOT WANT COVERAGE AGAINST AN ACT OF TERRORISM BY SIGNING AND RETURNING THIS NOTICE TO STONINGTON INSURANCE COMPANY BEFORE THE EFFECTIVE DATE OF THE POLICY.

You should know that coverage provided by a policy for losses caused by a certified act of terrorism is partially reimbursed by the United States under a formula established by United States federal law. Under the formula, the United States federal government pays 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. **YOU SHOULD ALSO KNOW THAT THE ACT CONTAINS A \$100 BILLION CAP THAT LIMITS THE UNITED STATES' AND STONINGTON'S LIABILITY FOR LOSSES RESULTING FROM A CERTIFIED "ACT OF TERRORISM" IN ANY GIVEN CALENDAR YEAR. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.** The premium charged by Stonington Insurance Company for coverage against an act of terrorism does not include any charges for the portion of loss covered by the United States federal government under the Act.

PREMIUM FOR COVERAGE AGAINST AN ACT OF TERRORISM: \$_____.

Please note: If you elect to reject this offer of terrorism coverage by signing below, your rejection will not be recognized to the limited extent that the law of your state makes it mandatory that the company provide coverage against terrorism. If the law of your state, separate from the Act, requires that your policy provide coverage against terrorism, your policy will provide such coverage in accordance with and as limited by the law of your state. The portion of the premium shown above attributable to any such required state mandated terrorism coverage is \$_____. The amount is part of the overall premium charges for your insurance policy and as a result of the mandatory coverage, will be charged to you as premium notwithstanding any request by you to reject coverage under the Act.

I hereby reject the option to include coverage for an act of terrorism in the policy. I understand that the policy will not provide coverage for losses arising from an act of terrorism.

Policyholder/Applicant's Signature

Plaza Insurance Company

Print Name

Policy Number/Quote Number

Name of Policyholder/Applicant

Date

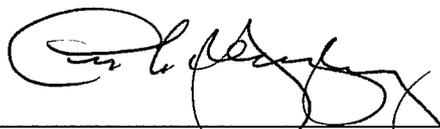
SIGNATURE ENDORSEMENT

By signing and delivering the policy to you, we state that it is a valid contract when countersigned by our authorized representative.

PLAZA INSURANCE COMPANY
Kansas City, Missouri



Secretary



President

SERFF Tracking Number: *PERR-125875723* *State:* *Arkansas*
Filing Company: *Plaza Insurance Company* *State Tracking Number:* *#104208 \$50*
Company Tracking Number: *PLZ-GL-AR-08-01-F*
TOI: *17.0 Other Liability-Occ/Claims Made* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *General Liability*
Project Name/Number: *PLZ-GL-AR-08-01-F/PLZ-GL-AR-08-01-F*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125875723 State: Arkansas
Filing Company: Plaza Insurance Company State Tracking Number: #104208 \$50
Company Tracking Number: PLZ-GL-AR-08-01-F
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability
Product Name: General Liability
Project Name/Number: PLZ-GL-AR-08-01-F/PLZ-GL-AR-08-01-F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty
Review Status: Approved 12/09/2008

Comments:

Attachment:

2007 NAIC FFS + GL.pdf

Satisfied -Name: Letter of Authorization
Review Status: Approved 12/09/2008

Comments:

Attachment:

LOA.pdf

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.)

1.	This filing transmittal is part of Company Tracking #	PLZ-GL-AR-08-01-F			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	Exempt			
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	Supplemental Declarations	PIC 10200 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Common Policy Declarations	PIC 10000 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03	Schedule of Forms and Endorsements	PIC 10005 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
04	Schedule of Named Insureds	PIC 10010 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
05	Schedule of Taxes, Surcharges and Fees	PIC 10015 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
06	Common Policy Change Endorsement	PIC 10020 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
07	Two or More Coverage Forms or Policies Issued by Us	PIC 10030 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
08	Commercial General Liability Coverage Schedule	PIC 10205 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
09	Schedule of General Liability Changes	PIC 10210 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
10	Asbestos Exclusion	PIC 10220 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
11	Designated Work Exclusion	PIC 10223 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
12	Exclusion of Assault and Battery	PIC 10225 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

FORM FILING SCHEDULE *(Continued)*

(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.)

1.	This filing transmittal is part of Company Tracking #	PLZ-GL-AR-08-01-F			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	Exempt			
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
13	Exclusion of Injury or Damage Caused by Animals	PIC 10230 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
14	Exclusion of Injury or Damage Caused by Firearms	PIC 10235 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
15	Exclusion of Punitive, Exemplary or Multiple Damages	PIC 10240 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
16	Federal Odometer Statute Errors and Omissions Coverage	PIC 10245 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
17	Federal Odometer Statute Errors and Omissions Coverage	PIC 10246 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
18	Influenza or Epidemic Exclusion	PIC 10250 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
19	Lead Contamination Exclusion	PIC 10252 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
20	Subcontractor Warranty Endorsement	PIC 10253 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
21	Truth in Lending Errors and Omissions Coverage	PIC 10255 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
22	Truth in Lending Errors and Omissions Coverage	PIC 10256 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
23	Vehicle Title Errors and Omissions Coverage	PIC 10260 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
24	Vehicle Title Errors and Omissions Coverage	PIC 10261 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
25	Influenza or Epidemic Exclusion Notice to Policyholders	PIC 10251 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

FORM FILING SCHEDULE *(Continued)*

(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.)

1.	This filing transmittal is part of Company Tracking #	PLZ-GL-AR-08-01-F			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	Exempt			
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
26	TRIA Advisory Notice to Policyholders	PIC 10070 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
27	Disclosure Notice of Terrorism Insurance Coverage	PIC 10071 09 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
28	Signature Endorsement	PIC 9252 05 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
29			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
30			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
31			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
32			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
33			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
34			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
35			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
36			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
37			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
38			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		



PLAZA
INSURANCE COMPANY

700 W. 47TH ST.
SUITE 350
KANSAS CITY, MO 64112
816.412.2800
816.412.7550 (FAX)

August 7, 2008

To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of Plaza Insurance Company.

This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed to be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight, Inc. at the following address:

State Filings Department
Perr&Knight, Inc.
881 Alma Real Drive, Suite 205
Pacific Palisades, CA 90272
Phone: (310) 230-9339 x120
Fax: (310) 230-1061

Please contact me if you have any questions regarding this authorization.

Sincerely,

Jerry W. Brumfield
Secretary and General Counsel
Phone: 816-412-2865
E-mail: jbrumfield@rhkc.com