

SERFF Tracking Number: PHLX-125942298 State: Arkansas
 Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: #? \$50
 Company Tracking Number: GL AR0037902F01
 TOI: 05.2 Commercial Multi-Peril - Liability Portion Sub-TOI: 05.2003 Commercial Package
 Only
 Product Name: Day Care
 Project Name/Number: Day Care/GL AR0037902F01

Filing at a Glance

Company: Philadelphia Indemnity Insurance Company

Product Name: Day Care SERFF Tr Num: PHLX-125942298 State: Arkansas
 TOI: 05.2 Commercial Multi-Peril - Liability Portion Only SERFF Status: Closed State Tr Num: #? \$50

Sub-TOI: 05.2003 Commercial Package Co Tr Num: GL AR0037902F01 State Status: Fees verified
 Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins
 Author: SPI PhiladelphiaIndemnity Disposition Date: 12/11/2008
 Date Submitted: 12/11/2008 Disposition Status: Approved

Effective Date Requested (New): 01/15/2009 Effective Date (New): 01/15/2009
 Effective Date Requested (Renewal): Effective Date (Renewal): 01/15/2009

State Filing Description:

General Information

Project Name: Day Care
 Project Number: GL AR0037902F01
 Reference Organization:
 Reference Title:
 Filing Status Changed: 12/11/2008
 State Status Changed: 12/11/2008
 Corresponding Filing Tracking Number:
 Filing Description:

Status of Filing in Domicile:
 Domicile Status Comments:
 Reference Number:
 Advisory Org. Circular:
 Deemer Date:

The Philadelphia Indemnity Insurance Company files for your review, and where required approval, endorsements that will be made available under our previously approved Ultimate Cover program for risks with museums or cultural institutions exposures.

The enclosed endorsements modify our Ultimate Cover Property Coverage Form and/or Causes of Loss form. This

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coverage will be available on a package or monoline basis.

A corresponding rule page describing forms usage is exempt from filing in your state.

The attached endorsements are new and do not replace any existing forms.

Also enclosed is a Forms Explanatory Memorandum that provides additional details about this filing including a listing of all included forms and which forms are optional and which are mandatory for insureds that elect this coverage.

We would like to implement this filing on the earlier of January 15, 2009 or the first date possible after receiving your Department's approval.

Our domiciliary state of Pennsylvania approved this filing, effective December 1, 2008.

Company and Contact

Filing Contact Information

Gary Corbi, Senior Compliance Analyst

One Bala Plaza

(610) 617-5980 [Phone]

Bala Cynwyd, PA 19004

(866) 374-1070[FAX]

Filing Company Information

Philadelphia Indemnity Insurance Company

CoCode: 18058

State of Domicile: Pennsylvania

One Bala Plaza

Group Code: 677

Company Type:

Suite 100

Bala Cynwyd, PA 19004

Group Name: Philadelphia
Insurance Companies

State ID Number:

(610) 617-7900 ext. [Phone]

FEIN Number: 231738402

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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 #
Philadelphia Indemnity Insurance Company	\$0.00	12/11/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
44151	\$50.00	10/22/2008

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/11/2008	12/11/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Dear Ms. Rawlins,	Note To Reviewer	SPI PhiladelphiaInde mnity	12/11/2008	12/11/2008
Filing Fee Payment Check	Note To Filer	Llyweyia Rawlins	12/11/2008	12/11/2008

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Disposition

Disposition Date: 12/11/2008

Effective Date (New): 01/15/2009

Effective Date (Renewal): 01/15/2009

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they will send.

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
Supporting Document	Explanatory Memo	Approved	Yes
Form	Excess Medical Payments Coverage	Approved	Yes

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Note To Reviewer

Created By:

SPI PhiladelphiaIndemnity on 12/11/2008 12:42 PM

Subject:

Dear Ms. Rawlins,

Comments:

The fee for this filing should be mailed today.

Sincerely,

Gary Corbi

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Excess Medical Payments Coverage	PI-XMP-002	(09/08)	Endorsement/Amendment/Conditions		0.00	PI-XMP-002.PDF

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCESS MEDICAL PAYMENTS COVERAGE

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

A. The following is added to SECTION III - LIMITS OF INSURANCE:

- 8.** Subject to Paragraph 5.above, \$5,000 is the most we will pay under **COVERAGE C MEDICAL PAYMENTS** for all medical expenses because of "bodily injury" sustained by any child enrolled in the day care center. This coverage is excess insurance based on B. below. This coverage will be subject to a \$15,000 aggregate per policy period for all medical expenses sustained by all children enrolled in your day care center.

B. Section IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. Other Insurance, is amended to include:

d. Excess Medical Payments Coverage

This insurance is excess over any accident policy or any other applicable medical or health policy, whether primary, excess, contingent or on any other basis. We will pay only our share of the amount of the loss, if any, that exceeds the sum of the total amount that all such other insurance would pay for the loss in the absence of this insurance. When coverage is provided by this endorsement and another coverage endorsement attached to this policy, the coverage and limit under this endorsement only will apply to a child injured.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 12/11/2008

Comments:

Attachments:

ARPCTD forms.PDF
ARFFS-1.PDF

Satisfied -Name: Explanatory Memo **Review Status:** Approved 12/11/2008

Comments:

Attachment:

Explanatory Memo.PDF

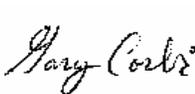
Property & Casualty Transmittal Document

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 #			
Philadelphia Insurance Companies	0677			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Philadelphia Indemnity Insurance Company	PA	18058	231738402	

5. Company Tracking Number	GL AR0037902F01
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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
	Gary F. Corbi One Bala Plaza, Suite 100 Bala Cynwyd PA 19004	Product Development Specialist	610-617-5980	610-617-7940	
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Gary F. Corbi		

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

9.	Type of Insurance (TOI)	05.2 Commercial Multi-Peril - Liability Portion Only
10.	Sub-Type of Insurance (Sub-TOI)	05.2003 Commercial Package
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	N/A
12.	Company Program Title (Marketing Title)	Day Care
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: 1/15/2009 Renewal: 1/15/2009
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	December 11, 2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	GL AR0037902F01
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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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The Philadelphia Indemnity Insurance Company files for your review, and where required approval, endorsements that will be made available under our previously approved Ultimate Cover program for risks with museums or cultural institutions exposures.

The enclosed endorsements modify our Ultimate Cover Property Coverage Form and/or Causes of Loss form. This coverage will be available on a package or monoline basis.

A corresponding rule page describing forms usage is exempt from filing in your state.

The attached endorsements are new and do not replace any existing forms.

Also enclosed is a Forms Explanatory Memorandum that provides additional details about this filing including a listing of all included forms and which forms are optional and which are mandatory for insureds that elect this coverage.

We would like to implement this filing on the earlier of January 15, 2009 or the first date possible after receiving your Department's approval.

Our domiciliary state of Pennsylvania approved this filing, effective December 1, 2008.

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]
<p>Check #: 44151 Amount: \$50.00</p> <p>SERFF Filing Number:</p> <p style="text-align: center;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

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

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 #	GL AR0037902F01
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2. This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	None
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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	Excess Medical Payments Coverage	PI-XMP-002 (09/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	None	None
02	[REDACTED]		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	[REDACTED]		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	[REDACTED]		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	[REDACTED]		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	[REDACTED]		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	[REDACTED]		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	[REDACTED]		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	[REDACTED]		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	[REDACTED]		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11	[REDACTED]		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Philadelphia Indemnity Insurance Company
Forms Explanatory Memorandum
Division Six - General Liability

Philadelphia Indemnity Insurance Company is introducing an independent general liability endorsement which we plan to use with risks with daycare exposures.

This endorsement will be used on a mono-line or package basis and will be used in conjunction with Insurance Services Office forms and endorsements filed on our behalf.

A copy of the endorsement and corresponding rule page are enclosed for your review. Below is an explanation of the endorsement.

1. Excess Medical Payments Coverage. PI-XMP-002 (09-08)

This optional endorsement provides \$5,000 excess medical payments coverage for a child enrolled in a daycare center. This coverage is subject to a \$15,000 aggregate limit per policy period.

There is no premium charge for this endorsement.