

SERFF Tracking Number: PNMC-125910335 State: Arkansas
Filing Company: Pennsylvania National Mutual Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: DLK-08-026
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0020 Commercial Umbrella & Excess
Product Name: UMB 71 0704
Project Name/Number: UMB 71 0704/DLK-08-026

Filing at a Glance

Company: Pennsylvania National Mutual Casualty Insurance Company

Product Name: UMB 71 0704

SERFF Tr Num: PNMC-125910335 State: Arkansas

TOI: 17.0 Other Liability-Occ/Claims Made

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.0020 Commercial Umbrella & Excess

Co Tr Num: DLK-08-026

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Denise King

Disposition Date: 12/09/2008

Date Submitted: 12/08/2008

Disposition Status: Approved

Effective Date Requested (New): 03/01/2009

Effective Date (New):

Effective Date Requested (Renewal): 03/01/2009

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: UMB 71 0704

Status of Filing in Domicile: Not Filed

Project Number: DLK-08-026

Domicile Status Comments: Our domicile state of PA is deregulated

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/09/2008

Deemer Date:

State Status Changed: 12/09/2008

Corresponding Filing Tracking Number:

Filing Description:

Commercial Umbrella

71 0704 0309 Employee Benefits Liability (Following Form)

PURPOSE:

We are filing for your review and approval a revision to Form 71 0704 Employee Benefits Liability (Following Form).

| | | | |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>PNMC-125910335</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Pennsylvania National Mutual Casualty Insurance Company</i> | <i>State Tracking Number:</i> | <i>EFT \$50</i> |
| <i>Company Tracking Number:</i> | <i>DLK-08-026</i> | | |
| <i>TOI:</i> | <i>17.0 Other Liability-Occ/Claims Made</i> | <i>Sub-TOI:</i> | <i>17.0020 Commercial Umbrella & Excess</i> |
| <i>Product Name:</i> | <i>UMB 71 0704</i> | | |
| <i>Project Name/Number:</i> | <i>UMB 71 0704/DLK-08-026</i> | | |

Following are the changes:

- We amended 2. Exclusion to apply to any “claim” or “suit” versus “bodily injury”, “personal and advertising injury” or “property damage”.
- Added definitions 1., 2., and 3.
- Updated definition 4. to match ISO’s definition of “Employee benefit program”.
- Amended the definition of 7. “Employee and 23. “suit” to match ISO’s definition for employee benefit coverage.

PROPOSAL:

This endorsement will be applicable to policies effective on and after March 1, 2009.

Company and Contact

Filing Contact Information

| | |
|---|------------------------|
| Denise King, Senior Underwriting Technician | dlking@pnat.com |
| 2 N. Second St. | (717) 234-4941 [Phone] |
| Harrisburg, PA 17105-2361 | (717) 255-6327[FAX] |

Filing Company Information

| | | |
|---|-------------------------------------|---------------------------------|
| Pennsylvania National Mutual Casualty Insurance Company | CoCode: 14990 | State of Domicile: Pennsylvania |
| 2 N. Second St. | Group Code: 271 | Company Type: P&C |
| PO Box 2361 | | |
| Harrisburg, PA 17105-2361 | Group Name: Penn National Insurance | State ID Number: 03 |
| (717) 234-4941 ext. [Phone] | FEIN Number: 23-0961349 | |
| | ----- | |

Filing Fees

| | |
|------------------|---------|
| Fee Required? | Yes |
| Fee Amount: | \$50.00 |
| Retaliatory? | No |
| Fee Explanation: | |

SERFF Tracking Number: PNNC-125910335 *State:* Arkansas
Filing Company: Pennsylvania National Mutual Casualty *State Tracking Number:* EFT \$50
Insurance Company
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Per Company: No

SERFF Tracking Number: PPMC-125910335 State: Arkansas
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| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|---------|----------------|---------------|
| Pennsylvania National Mutual Casualty Insurance Company | \$50.00 | 12/08/2008 | 24387251 |

SERFF Tracking Number: PNM-125910335 State: Arkansas
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Correspondence Summary

Dispositions

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

SERFF Tracking Number: PPMC-125910335 State: Arkansas
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Disposition

Disposition Date: 12/09/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PPMC-125910335 State: Arkansas
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| Item Type | Item Name | Item Status | Public Access |
|------------------|--|--------------------|----------------------|
| Form | Employee Benefits Liability (Following Form) | Approved | Yes |

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Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|--|---------|--------------|---|---|-------------|--------------|
| Approved | Employee Benefits Liability (Following Form) | 71 0704 | 0309 | Endorsement/Amendment/Conditions Replaced | Replaced Form #: 71 0704 0405 Previous Filing #: | | 07040309.pdf |

Pennsylvania National Mutual Casualty Insurance Company
P. O. Box 2361
Harrisburg, PA 17105-2361

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EMPLOYEE BENEFITS LIABILITY (FOLLOWING FORM)

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE PART

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

The following exclusion is added to Paragraph 2., **Exclusions of Section I – Coverage A – Bodily Injury And Property Damage Liability** and Paragraph 2., **Exclusions of Section I – Coverage B – Personal and Advertising Injury Liability:**

2. Exclusions

This insurance does not apply to any “claim” or “suit” that the insured becomes legally obligated to pay as damages because of any act, error or omission of the insured or any other person for whose acts the insured is legally liable arising from the “administration” of your “employee benefit program.” Unless such “claim” or “suit” is covered by valid and collectible “underlying insurance” as listed in the Schedule of Underlying Insurance for the full limit shown, and then only for such liability for which coverage is afforded under the “underlying insurance”.

The following additional definitions are added to **SECTION V – DEFINITIONS:**

1. “Administration” means:
 - a. Providing information to “employees” including their dependents and beneficiaries, with respect to eligibility for or scope of “employee benefit programs”;
 - b. Handling records in connection with the “employee benefit program”; or
 - c. Effecting, continuing or terminating any “employee’s” participation in any benefit

included in the “employee benefit program”.

However, “administration” does not include handling payroll deductions.

2. “Cafeteria plans” means plans authorized by applicable law to allow employees to elect to pay for certain benefits with pre-tax dollars.
3. “Claim” means any demand, or “suit”, made by an “employee” or and “employee’s” dependents and beneficiaries, for damages as the result of an act, error or omission.
4. “Employee benefit program” means a program providing some or all of the following benefits to “employees”, whether provided through a “cafeteria plan” or otherwise:
 - a. Group life insurance, group accident or health insurance, dental, vision and hearing plans and flexible spending accounts, provided that no one other than an “employee” may subscribe to such benefits and such benefits are made generally available to those “employees” who satisfy the plan’s eligibility requirements;
 - b. Profit sharing plans, employee savings plans, employee stock ownership plans, pension plans, and stock subscription plans, provided that no one other than an “employee” may subscribe to such benefits and such benefits are made generally available to all “employees” who are eligible under the plan for such benefits;

- c. Unemployment insurance, social security benefits, workers' compensation and disability benefits;
- d. Vacation plans, including buy and sell programs; leave of absence programs, include military, maternity, family and civil leave; tuition assistance plans; transportation and health club subsidies; and
- e. Any other similar benefits designated in the Schedule or added thereto by endorsement.

For the purposes of Employee Benefits Liability Coverage provided by this endorsement, Definitions **7.** and **23.** in Section **V** – Definitions are replaced by the following:

- 7. "Employee" means a person actively employed, formerly employed, on leave of absence or disabled, or retired. "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
- 23. "Suit" means a civil proceeding in which damages because of an act, error or omission to which this insurance applies are alleged. "Suit" includes:
 - a. An arbitration proceeding in which such damages are claimed and to which the insured must submit or does submit with our consent; or
 - b. Any other alternative dispute resolution proceeding in which such damages are claimed and to which the insured submits with our consent.

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Rate Information

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