

SERFF Tracking Number: USLI-125942379 State: Arkansas
 Filing Company: United States Liability Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: NP-SSO-08-20-F
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Non-Profit Package Businessowners
 Project Name/Number: NP-SSO-08-20/NP-SSO-08-20

Filing at a Glance

Company: United States Liability Insurance Company

Product Name: Non-Profit Package SERFF Tr Num: USLI-125942379 State: Arkansas

Businessowners

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 05.0002 Businessowners Co Tr Num: NP-SSO-08-20-F State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins

Authors: Mark Miller, Patti Ivey Disposition Date: 12/12/2008

Date Submitted: 12/11/2008 Disposition Status: Approved

Effective Date Requested (New): 12/25/2008

Effective Date (New): 12/25/2008

Effective Date Requested (Renewal): 12/25/2008

Effective Date (Renewal): 12/25/2008

State Filing Description:

General Information

Project Name: NP-SSO-08-20

Status of Filing in Domicile: Pending

Project Number: NP-SSO-08-20

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/12/2008

State Status Changed: 12/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing a revision to approved form BP-17 06/01 - Hired and Non-Owned Auto Liability.

A comparison showing changes made has been included to ease your review.

There is no coverage impact and no rate impact.

SERFF Tracking Number: USLI-125942379 State: Arkansas
 Filing Company: United States Liability Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: NP-SSO-08-20-F
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Non-Profit Package Businessowners
 Project Name/Number: NP-SSO-08-20/NP-SSO-08-20

Company and Contact

Filing Contact Information

Mark Miller, State Filings Manager mmiller@usli.com
 190 South Warner Road (888) 523-5545 [Phone]
 Wayne, PA 19087-2191 (610) 688-4391[FAX]

Filing Company Information

United States Liability Insurance Company CoCode: 25895 State of Domicile: Pennsylvania
 190 South Warner Road Group Code: 31 Company Type: Property & Casualty

PO Box 6700
 Wayne, PA 19087-2191 Group Name: Berkshire Hathaway State ID Number:
 Group
 (888) 523-5545 ext. 586[Phone] FEIN Number: 23-1383313

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United States Liability Insurance Company	\$50.00	12/11/2008	24482818

SERFF Tracking Number: USLI-125942379 State: Arkansas
 Filing Company: United States Liability Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: NP-SSO-08-20-F
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Non-Profit Package Businessowners
 Project Name/Number: NP-SSO-08-20/NP-SSO-08-20

Correspondence Summary

Dispositions

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

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Hired and Non-Owned Auto	Form	Mark Miller	12/12/2008	12/12/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Policy Form	Note To Filer	Llyweyia Rawlins	12/11/2008	12/11/2008

SERFF Tracking Number: USLI-125942379 *State:* Arkansas
Filing Company: United States Liability Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: NP-SSO-08-20-F
TOI: 05.0 Commercial Multi-Peril - Liability & Non- *Sub-TOI:* 05.0002 Businessowners
Liability
Product Name: Non-Profit Package Businessowners
Project Name/Number: NP-SSO-08-20/NP-SSO-08-20

Disposition

Disposition Date: 12/12/2008

Effective Date (New): 12/25/2008

Effective Date (Renewal): 12/25/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: USLI-125942379 State: Arkansas
 Filing Company: United States Liability Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: NP-SSO-08-20-F
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Non-Profit Package Businessowners
 Project Name/Number: NP-SSO-08-20/NP-SSO-08-20

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Form Comparison	Approved	Yes
Form (revised)	Hired and Non-Owned Auto	Approved	Yes
Form	Hired and Non-Owned Auto	Approved	Yes

SERFF Tracking Number: USLI-125942379 State: Arkansas
 Filing Company: United States Liability Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: NP-SSO-08-20-F
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Non-Profit Package Businessowners
 Project Name/Number: NP-SSO-08-20/NP-SSO-08-20

Amendment Letter

Amendment Date:
 Submitted Date: 12/12/2008

Comments:
 My apologies! I didn't include the form in my template for some reason.
 Here it is.

Changed Items:
Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Hired and Non-Owned Auto	BP-17	11/08	Endorsement/Amendment/Conditions	Replaced	BP-17 06/01	CL-SSO-03-05		BP 17 _11-08_.pdf

SERFF Tracking Number: USLI-125942379 *State:* Arkansas
Filing Company: United States Liability Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: NP-SSO-08-20-F
TOI: 05.0 Commercial Multi-Peril - Liability & Non- *Sub-TOI:* 05.0002 Businessowners
Liability
Product Name: Non-Profit Package Businessowners
Project Name/Number: NP-SSO-08-20/NP-SSO-08-20

Note To Filer

Created By:

Llyweyia Rawlins on 12/11/2008 01:29 PM

Subject:

Policy Form

Comments:

Hello Mark

In reviewing your filing, I only received the marked up copy. Can I get a copy of the revised form?

Thank You

Llyweyia Rawlins

SERFF Tracking Number: USLI-125942379 State: Arkansas
 Filing Company: United States Liability Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: NP-SSO-08-20-F
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Non-Profit Package Businessowners
 Project Name/Number: NP-SSO-08-20/NP-SSO-08-20

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Hired and Non-Owned Auto	BP-17	11/08	Endorsement/Amendment/Conditions Replaced	Replaced Form #: BP-17 06/01 Previous Filing #: CL-SSO-03-05		BP 17 _11-08_.pdf

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

HIRED AUTO AND NON-OWNED AUTO LIABILITY

A. Insurance is provided only for those coverages for which a specific limit or premium charge is shown in the Declarations.

1. HIRED AUTO LIABILITY

The insurance provided under **SECTION II – LIABILITY; A. Coverages 1. Business Liability;** applies to “bodily injury” or “property damage” arising out of the maintenance or use of a “hired auto” by you or your “employees” in the course of your business.

2. NON-OWNED AUTO LIABILITY

The insurance provided under **SECTION II – LIABILITY; A. Coverages 1. Business Liability;** A. Coverages 1. Business Liability, applies to “bodily injury” or “property damage” arising out of the use of any “non-owned auto” in your business by any person other than you.

B. For insurance provided by this endorsement only:

1. The exclusions, under **SECTION II – LIABILITY; B. Exclusions; 1. Applicable to Business Liability Coverage;** other than exclusions **a., b., d., f.** and **i.** and the Nuclear Energy Liability Exclusion, are deleted and replaced by the following:

a. “Bodily injury” to:

(1) An “employee” of the insured arising out of and in the course of:

(a) Employment by the insured; or

(b) Performing duties related to the conduct of the insured’s business; or

(2) The spouse, child, parent, brother or sister of that “employee” as a consequence of Paragraph (1) above.

This exclusion applies:

(a) Whether the insured may be liable as an employer or in any other capacity; and

(b) To any obligation to share damages with or repay someone else who must pay damages because of injury.

This exclusion does not apply to:

(i) Liability assumed by the insured under an “insured contract”; or

(ii) “Bodily injury” arising out of and in the course of domestic employment by the insured unless benefits for such injury are in whole or in part either payable or required to be provided under any workers compensation law.

b. “Property damage” to:

(1) Property owned or being transported by, or rented or loaned to the insured; or

(2) Property in the care, custody or control of the insured,

2. SECTION II – LIABILITY; C. Who Is An Insured; is replaced by the following:

Each of the following is an insured under this endorsement to the extent set forth below:

a. You;

b. Any other person using a “hired auto” with your permission;

c. For a “non-owned auto”, any partner or “executive officer” of yours, but only while such “non-owned auto” is being used in your business; and

d. Any other person or organization, but only for their liability because of acts or omissions of an insured under **a., b.** or **c.** above.

None of the following is an insured:

- (1) Any person engaged in the business of his or her employer for "bodily injury" to any co-"employee" of such person injured in the course of employment, or to the spouse, child, parent, brother or sister of that co-"employee" as a consequence of such "bodily injury", or for any obligation to share damages with or repay someone else who must pay damages because of the injury;
 - (2) Any partner or "executive officer" for any "auto" owned by such partner or officer or a member of his or her household;
 - (3) Any person while employed in or otherwise engaged in duties in connection with an "auto business", other than an "auto business" you operate;
 - (4) The owner or lessee (of whom you are a sub lessee) of a "hired auto" or the owner of a "non-owned auto" or any agent or "employee" of any such owner or lessee;
 - (5) Any person or organization for the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.
3. This insurance does not apply: If you regularly deliver the good or products which you are in the business of selling, "Bodily Injury" or "Property Damage" arising out of the delivery of those goods or products.
 4. This insurance does not apply: If you deliver any goods or products for a charge, "Bodily Injury" or "Property Damage" arising out of the delivery of those goods or products.
- C. The following additional definitions apply:
23. **"Auto Business"** means the business or occupation of selling, repairing, servicing, storing or parking "autos".
 24. **"Hired Auto"** means any "auto" you lease, hire or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees" or members of their households, or from any partner or "executive officer" of yours. This DOES NOT include any "Auto" you lease for a period of more than 30 consecutive days.
 25. **"Non-Owned Auto"** means any "auto" you do not own, lease, hire, rent or borrow which is used in connection with your business. However, if you are a partnership, a "non-owned auto" does not include any "auto" owned by any partner.

All other terms and conditions of this Policy remain unchanged. This endorsement is a part of your Policy and takes effect on the effective date of your Policy unless another effective date is shown.

SERFF Tracking Number: USLI-125942379 *State:* Arkansas
Filing Company: United States Liability Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: NP-SSO-08-20-F
TOI: 05.0 Commercial Multi-Peril - Liability & Non- *Sub-TOI:* 05.0002 Businessowners
Liability
Product Name: Non-Profit Package Businessowners
Project Name/Number: NP-SSO-08-20/NP-SSO-08-20

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: USLI-125942379 State: Arkansas
Filing Company: United States Liability Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: NP-SSO-08-20-F
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Non-Profit Package Businessowners
Project Name/Number: NP-SSO-08-20/NP-SSO-08-20

Supporting Document Schedules

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

Comments:

Attachment:

industry_rates_PCtransDoc_intelligent.pdf

Satisfied -Name: Form Comparison **Review Status:** Approved 12/12/2008

Comments:

Attachment:

BP 17 _11-08_vs 06-01.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 #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: <input style="width: 100px;" type="text"/> Renewal: <input style="width: 100px;" type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

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

PC TD-1 pg 2 of 2

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 #	
-----------	--	--

2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
-----------	---	--

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			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)						
------------	---	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only						
------------	--	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
---	--	--	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

~~THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.~~

~~HIRED AUTO AND NON-OWNED AUTO LIABILITY~~
UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS ~~POLICY~~COVERAGE FORM

SCHEDULE

<u>Coverage</u>	<u>Additional Premium</u>
-----------------	---------------------------

~~Hired Auto Liability~~

~~Non-Owned Auto Liability~~

HIRED AUTO AND NON-OWNED AUTO LIABILITY

A. Insurance is provided only for those coverages for which a specific limit or premium charge is shown in the Declarations ~~or in the Schedule~~.

1. HIRED AUTO LIABILITY

The insurance provided under ~~the Businessowners Liability Coverage Form, Paragraph A.1. Business Liability~~, SECTION II - LIABILITY; A. Coverages 1. Business Liability; applies to "bodily injury" or "property damage" arising out of the maintenance or use of a "hired auto" by you or your "employees" in the course of your business.

2. NON-OWNED AUTO LIABILITY

The insurance provided under ~~the Businessowners Liability Coverage Form, Paragraph A.1.~~ SECTION II - LIABILITY; A. Coverages 1. Business Liability; A. Coverages 1. Business Liability; applies to "bodily injury" or "property damage" arising out of the use of any "non-owned auto" in your business by any person other than you.

B. For insurance provided by this endorsement only:

1. The exclusions, under ~~the Businessowners Liability Coverage Form, Paragraph B.1.~~ SECTION II - LIABILITY; B. Exclusions; 1. Applicable to Business Liability Coverages, Coverage; other than exclusions

a., b., d., f. and i. and the Nuclear Energy Liability Exclusion, are deleted and replaced by the following:

a. "Bodily injury" to:

- (1) An "employee" of the insured arising out of and in the course of:
 - (a) Employment by the insured; or
 - (b) Performing duties related to the conduct of the insured's business; or
- (2) The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph (1) above.

This exclusion applies:

- (a) Whether the insured may be liable as an employer or in any other capacity; and
- (b) To any obligation to share damages with or repay someone else who must pay damages because of injury.

This exclusion does not apply to:

- (i) Liability assumed by the insured under an "insured contract"; or
- (ii) "Bodily injury" arising out of and in the course of domestic employment by the insured unless benefits for such injury are in whole or in part either payable or required to be provided under any workers compensation law.

b. "Property damage" to:

- (1) Property owned or being transported by, or rented or loaned to the insured; or
- (2) Property in the care, custody or control of the insured,

2. ~~WHO IS AN INSURED in the Businessowners Liability Coverage Form, Paragraph C., SECTION II – LIABILITY; C. Who Is An Insured;~~ is replaced by the following:

Each of the following is an insured under this endorsement to the extent set forth below:

- a. You;
- b. Any other person using a “hired auto” with your permission;
- c. For a “non-owned auto”, any partner or “executive officer” of yours, but only while such “non-owned auto” is being used in your business; and
- d. Any other person or organization, but only for their liability because of acts or omissions of an insured under **a.**, **b.** or **c.** above.

None of the following is an insured:

- (1) Any person engaged in the business of his or her employer for “bodily injury” to any co-“employee” of such person injured in the course of employment, or to the spouse, child, parent, brother or sister of that co-“employee” as a consequence of such “bodily injury”, or for any obligation to share damages with or repay someone else who must pay damages because of the injury;
 - (2) Any partner or “executive officer” for any “auto” owned by such partner or officer or a member of his or her household;
 - (3) Any person while employed in or otherwise engaged in duties in connection with an “auto business”, other than an “auto business” you operate;
 - (4) The owner or lessee (of whom you are a sub lessee) of a “hired auto” or the owner of a “non-owned auto” or any agent or “employee” of any such owner or lessee;
 - (5) Any person or organization for the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.
3. This insurance does not apply: If you regularly deliver the good or products which you are in the business of selling, “Bodily Injury” or “Property Damage” arising out of the delivery of those goods or products.
4. This insurance does not apply: If you deliver any goods or products for a charge, “Bodily Injury” or “Property Damage” arising out of the delivery of those goods or products.

C. The following additional definitions apply:

~~22-23.~~ **“Auto Business”** means the business or occupation of selling, repairing, servicing, storing or parking “autos”.

~~23-24.~~ **“Hired Auto”** means any “auto” you lease, hire or borrow. This does not include any “auto” you lease, hire, rent or borrow from any of your “employees” or members of their households, or from any partner or “executive officer” of yours. This DOES NOT include any “Auto” you lease for a period of more than 30 consecutive days.

~~24-25.~~ **“Non-Owned Auto”** means any “auto” you do not own, lease, hire, rent or borrow which is used in connection with your business. However, if you are a partnership, a “non-owned auto” does not include any “auto” owned by any partner.

All other terms and conditions of this Policy remain unchanged. This endorsement is a part of your Policy and takes effect on the effective date of your Policy unless another effective date is shown.

SERFF Tracking Number: USLI-125942379 State: Arkansas
 Filing Company: United States Liability Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: NP-SSO-08-20-F
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Non-Profit Package Businessowners
 Project Name/Number: NP-SSO-08-20/NP-SSO-08-20

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Hired and Non-Owned Auto	12/11/2008	