

SERFF Tracking Number: USLI-125954646 State: Arkansas
Filing Company: United States Liability Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: PERS-HBP-08-17-F
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Home Business
Project Name/Number: PERS-HBP-08-17/PERS-HBP-08-17

Filing at a Glance

Company: United States Liability Insurance Company

Product Name: Home Business SERFF Tr Num: USLI-125954646 State: Arkansas
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: PERS-HBP-08-17-F State Status: Fees verified and received

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

Author: Mark Miller Disposition Date: 12/22/2008

Date Submitted: 12/19/2008 Disposition Status: Approved

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

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

State Filing Description:

General Information

Project Name: PERS-HBP-08-17

Project Number: PERS-HBP-08-17

Reference Organization:

Reference Title:

Filing Status Changed: 12/22/2008

State Status Changed: 12/22/2008

Corresponding Filing Tracking Number:

Filing Description:

We are filing the following changes:

- Filing six new forms
- Withdrawing forms

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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- Revising one approved form

We appreciate your review and approval of this filing.

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	12/19/2008	24646436

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/22/2008	12/22/2008

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Disposition

Disposition Date: 12/22/2008

Effective Date (New): 01/15/2009

Effective Date (Renewal): 01/15/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: USLI-125954646 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	Form Comparison	Approved	Yes
Form	INTELLECTUAL PROPERTY COVERAGE EXTENSION	Approved	Yes
Form	MANAGEMENT CONSULTANTS ENDORSEMENT	Approved	Yes
Form	MARKETING CONSULTANT ENDORSEMENT	Approved	Yes
Form	PAYROLL PROCESSING EXCLUSION	Approved	Yes
Form	HUMAN RESOURCE CONSULTANT ENDORSEMENT	Approved	Yes
Form	Home Businessowner Policy Jacket	Approved	Yes
Form	Expanded Definition of Bodily Injury	Approved	Yes
Form	Insurance Risk Managers Endorsement	Approved	Yes

SERFF Tracking Number: USLI-125954646 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	INTELLECTUAL PROPERTY COVERAGE EXTENSION	HBP-114	11/08	Endorsement/Amendment/Conditions	New		0.00	HBP 114 _11-08_.pdf
Approved	MANAGEMENT CONSULTANTS ENDORSEMENT	HBP-113	10/08	Endorsement/Amendment/Conditions	New		0.00	HBP 113 _10-08_.pdf
Approved	MARKETING CONSULTANT ENDORSEMENT	HBP-112	10/08	Endorsement/Amendment/Conditions	New		0.00	HBP 112 _10-08_.pdf
Approved	PAYROLL PROCESSING EXCLUSION	HBP-111	10/08	Endorsement/Amendment/Conditions	New		0.00	HBP 111 _10-08_.pdf
Approved	HUMAN RESOURCE CONSULTANT ENDORSEMENT	HBP-110	10/08	Endorsement/Amendment/Conditions	New		0.00	HPB 110 _10-08_.pdf
Approved	Home Businessowner Policy Jacket	HBPJ	09/08	Other	New		0.00	HBPJ _09-08_.pdf
Approved	Expanded Definition of Bodily Injury	L-610	11/04	Endorsement/Amendment/Conditions	Withdrawn	Replaced Form #: Previous Filing #: USLI-125849629		
Approved	Insurance Risk Managers Endorsement	HBP-108	10/08	Endorsement/Amendment/Conditions	Replaced	Replaced Form #: HBP-108 08/08 Previous Filing #: USLI-125849629		HBP 108 _10-08_.pdf

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

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

INTELLECTUAL PROPERTY COVERAGE EXTENSION

It is agreed that **SECTION IV – ERRORS AND OMISSIONS LIABILITY INSURANCE COVERAGE FORM** is amended as follows:

Section **I. INSURING AGREEMENT**, is amended by the addition of the following:

The “Company” will pay on behalf of an “Insured” any “Loss” in excess of the deductible not exceeding the Limits of Liability as set forth in this Coverage Form, that an “Insured” shall become legally obligated to pay because of “Intellectual Property Claims” first made against the “Insured” during the “Policy Period” for “Wrongful Acts” of an “Insured” giving rise to an “Intellectual Property Claim”.

Section **III. DEFINITIONS** is amended by the addition of the following:

“Intellectual Property Claim” means a “Claim” alleging infringement of copyright, title, slogan, logo, trademark, trade name, or trade dress arising out of “Professional Services” rendered by an “Insured”.

Section **IV. EXCLUSIONS**, paragraph **M.**, is deleted in its entirety and replaced with the following:

M. infringement of any patent, or wrongful appropriation, use or disclosure of trade secrets or confidential or proprietary information;

Section **V. DEFENSE AND SETTLEMENT** is amended to add the following:

C. The Company’s obligation to pay “Claims Expenses” for an “Intellectual Property Claim” terminates when the Limits of Liability specified in this Coverage Form are exhausted by the payment of “Loss” and/or “Claim Expenses”.

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.

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

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

MANAGEMENT CONSULTANTS ENDORSEMENT

It is agreed that **SECTION IV – ERRORS AND OMISSIONS LIABILITY INSURANCE COVERAGE FORM** is amended as follows:

Section **III. DEFINITIONS** is amended to include the following:

As used in the Declarations, “Management Consultant” means a person or entity that provides one of more of the following services to others for a fee:

- a. Analysis of management and operational issues and development of improvement plans;
- b. Advice and guidance on development and implementation of strategic goals, and objectives;
- c. Advice and guidance on improving the efficiency of functional or operational areas through technology and human resource solutions.
- d. Development and implementation of coaching skills for management and key personnel.

Section **IV. EXCLUSIONS** is amended to add the following:

The sale and/or service of computer hardware and software products;

The development and/or implementation of any public advertising or promotional campaigns or programs.

Operation of any data processing equipment on behalf of others for a fee.

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.

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

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

MARKETING CONSULTANT ENDORSEMENT

It is agreed that **SECTION IV – ERRORS AND OMISSIONS LIABILITY INSURANCE COVERAGE FORM** is amended as follows:

Section **III. Definitions** is amended to add the following:

As used in the Declarations, “Marketing Consultant” means a person or entity that provides market research, product research/development and develops marketing goals, objectives, plans and strategies for others for a fee.

Section **IV. EXCLUSIONS** is amended to add the following:

The sale and/or service of computer hardware and software products;

The development and/or implementation of any public advertising or promotional campaigns or programs.

Operation of any data processing equipment on behalf of others for a fee.

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.

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

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

PAYROLL PROCESSING EXCLUSION

It is agreed that **SECTION IV – ERRORS AND OMISSIONS LIABILITY INSURANCE COVERAGE FORM** is amended as follows:

Section **III. DEFINITIONS** is amended to add the following:

“Payroll Processing Services” means printing and issuing payroll checks, calculation, transmission or furnishing of data for use in administration of payroll, calculation or administration of payroll adjustments, including but not limited to tax withholding, benefit deductions, wage garnishments, Family and Medical Leave Act (FMLA) adjustments, direct deposits, tax transmittals to the Internal Revenue Service and any other services relating to the administration of payroll.

Section **IV. EXCLUSIONS** is amended to add the following:

Rendering or failing to render “Payroll Processing Services” by any “Insured” directly or indirectly by any person or entity acting on behalf of any “Insured”.

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.

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

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

HUMAN RESOURCE CONSULTANT ENDORSEMENT

It is agreed that **SECTION IV – ERRORS AND OMISSIONS LIABILITY INSURANCE COVERAGE FORM** is amended as follows:

Section **III DEFINITIONS** is amended as follows:

As stated in the Declarations, “Human Resources Consultant” means a person or entity that provides one or more of the following services to a “Client” for a fee:

- a. Advice or guidance on policies and procedures for hiring, termination, conduct, supervision, advancement, discipline, or other matters relating to the management of employees, including reviewing and revising existing employee handbooks or policy manuals;
- b. Advice or guidance on general employee motivation and incentive programs; or
- c. Training of “Client” management and personnel on (a) or (b) above.

“Client” means an employer to whom a “Human Resource Consultant” provides the above services. “Client” does not include a current or former employee or applicant for employment.

“Employment Claim” means any “Claim” brought by or on behalf of any current or former employee of or applicant for employment with a “Client”.

Section **IV. EXCLUSIONS** is amended to delete Exclusion J in its entirety and add the following:

Any “Employment Claim” whether or not arising out of “Professional Services” rendered to a “Client”

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.

Home

Businessowner

Policy

This policy jacket together with the Declarations Page, coverage form and endorsements, if any, complete this policy.

The enclosed declarations designates the issuing company.

Home Businessowner Policy

Read your policy carefully!

This policy consists of:

Coverage Part Declarations

Coverage Forms/Parts/Conditions (As applicable)

Endorsements (As applicable)

In Witness Whereof, the company has caused this Policy to be executed and attested, but this Policy shall not be valid unless countersigned by a duly authorized representative of the company.

Secretary



President



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

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

INSURANCE RISK MANAGERS ENDORSEMENT

It is hereby agreed that **SECTION IV - ERRORS AND OMISSIONS LIABILITY INSURANCE COVERAGE FORM, IV. EXCLUSIONS, Exclusion L.**, is deleted in its entirety and replaced with the following:

L. Rendering or failing to render:

- (1) investment counseling or advice; purchasing or selling or failing to purchase or sell an investment or insurance of any kind; or any "Insured's" advice, promises or guarantees as to the future value of any investments or interest rate or rate of return or insurance coverage;
- (2) services as an architect, engineer or surveyor, including but not limited to the preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, blueprints, plans or drawings and specifications, or supervisory, inspection architectural or engineering activities.
- (3) "Professional Services" as an accountant, insurance agent, insurance broker, lawyer, medical professional, real estate agent, real estate broker, title insurance agent, abstractor or escrow agent;
- (4) health care services including but not limited to medical, surgical, chiropractic, pharmacological, psychiatric, psychological, nursing, dental and rehabilitation treatments.

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.

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Liability
Product Name: Home Business
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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 12/22/2008

Comments:

Attachment:

industry_rates_PCtransDoc_intelligent.pdf

Satisfied -Name: Form Comparison **Review Status:** Approved 12/22/2008

Comments:

Attachment:

HBP 108 _Comparison.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	
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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

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 #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<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 #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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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
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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)
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		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	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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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	

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

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

INSURANCE RISK MANAGERS ENDORSEMENT

It is hereby agreed that **SECTION IV - ERRORS AND OMISSIONS LIABILITY INSURANCE COVERAGE FORM**, IV. EXCLUSIONS, Exclusion L., is deleted in its entirety and replaced with the following:

L. Rendering or failing to render:

- (1) investment counseling or advice; purchasing or selling or failing to purchase or sell an investment or insurance of any kind; or any "Insured's" advice, promises or guarantees as to the future value of any investments or interest rate or rate of return or insurance coverage;
- (2) services as an architect, engineer or surveyor, including but not limited to the preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, blueprints, plans or drawings and specifications, or supervisory, inspection architectural or engineering activities.
- (3) "Professional Services" as an accountant, insurance agent, insurance broker, lawyer, medical professional, real estate agent, real estate broker, title insurance agent, abstractor or escrow agent;
- (4) health care services including but not limited to medical, surgical, chiropractic, pharmacological, psychiatric, psychological, nursing, dental and rehabilitation treatments.

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.