

SERFF Tracking Number: USLI-125446246 State: Arkansas
Filing Company: United States Liability Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: PERS-PCL-08-04
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0021 Personal Umbrella and Excess
Product Name: Personal Umbrella Liability
Project Name/Number: PERS-PCL-08-04/PERS-PCL-08-04

Filing at a Glance

Company: United States Liability Insurance Company

Product Name: Personal Umbrella Liability SERFF Tr Num: USLI-125446246 State: Arkansas

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 17.0021 Personal Umbrella and Excess Co Tr Num: PERS-PCL-08-04 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Mark Miller Disposition Date: 02/11/2008

Date Submitted: 01/24/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval Effective Date (New):

Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

State Filing Description:

General Information

Project Name: PERS-PCL-08-04

Project Number: PERS-PCL-08-04

Reference Organization:

Reference Title:

Filing Status Changed: 02/11/2008

State Status Changed: 02/11/2008

Corresponding Filing Tracking Number:

Filing Description:

We are submitting a form revision filing for our Personal Umbrella Liability product.

We are replacing the L-313- Exclusion of Operations Performed by Contractors with the PER-102 11/07 - Contractor Exclusion.

There is no rate impact associated with this filing. We are clarifying our intent with this endorsement by defining certain terms, and by adding some applicable situations where the exclusion would apply.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

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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? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United States Liability Insurance Company	\$50.00	01/24/2008	17651277

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	02/11/2008	02/11/2008

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Disposition

Disposition Date: 02/11/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

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	Form Comparison	Approved	Yes
Form	Contractor Exclusion	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Contractor Exclusion	PER-102	11/07	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 L-313 04/92 Previous Filing #: PERS-PCL-05-03-F		PER-102.pdf

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

This endorsement modifies insurance provided under the following:

**Condominium Unit-Owners and Tenants Coverage Form
Condominium Unit-Owners Investors Coverage Form
Comprehensive Personal Liability
Dwelling Policy
Excess Liability Policy
Personal Umbrella Liability**

CONTRACTOR EXCLUSION

This policy does not insure against loss or expense, including but not limited to the cost of defense:

1. arising out of, caused by or resulting from any “operations” performed for any “insured” by any contractor; or
2. arising out of, caused by or resulting from any acts or omissions of any “insured” in connection with supervision of such “operations”; or
3. arising out of, caused by or resulting from the acts or omissions of any “insured” in the selection, retention or supervision of any contractor who performs such “operations”; or
4. arising out of any injury, damages or loss sustained by any contractor; or any employee, “temporary worker”, “volunteer worker” or “casual laborer” of any “insured” or contractor; or the spouse, child, parent, brother, sister or other relative of any employee, “temporary worker”, “volunteer worker” or “casual laborer” of any “insured” or contractor or any obligation of any “insured” to indemnify or contribute with another because of any injury, damage or loss to such person.

This exclusion applies to all claims of and suits brought by any person or organization for injury, damage or loss, including damages for care, loss of services, or any claim under which any “insured” may be liable under any workers’ compensation, disability benefits, unemployment compensation or any similar law arising out of or resulting from “operations”.

For purposes of this endorsement, the following definitions are added:

“Casual laborer” means any person providing work or materials to any “insured” or contractor for compensation of any type.

“Employee” includes a “leased worker”. “Employee” does not include a “temporary worker”.

“Leased worker” means a person leased to any “insured” or contractor by a labor-leasing firm under an agreement between any “insured” or contractor and the labor leasing firm, to

perform duties related to the conduct of any “insured” or contractor’s business. “Leased worker” does not include a “temporary worker”.

“Operations” means any interior or exterior renovation, new construction, rehabilitation, moving of structures, demolition and other similar work.

“Temporary worker” means a person who is furnished to any “insured” or contractor to substitute for a permanent “employee” on leave or to meet seasonal or short-term workload conditions.

“Volunteer worker” means a person who is not an “employee” of any “insured” or contractor, and who donates his or her work and acts at the direction of and within the scope of duties determined by any “insured” or contractor, and is not paid a fee, salary or other compensation by any “insured” or contractor or anyone else for their work .

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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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 02/11/2008

Comments:

Attachment:

industry_rates_PCtransDoc_intelligent.pdf

Satisfied -Name: Form Comparison **Review Status:** Approved 02/11/2008

Comments:

Attachment:

Copy of PER 102 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 type="text"/> Renewal: <input 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**

EXCLUSION OF OPERATIONS PERFORMED BY CONTRACTORS

~~This insurance does not apply to:~~ This endorsement modifies insurance provided under the following:

EXCESS LIABILITY POLICY
PERSONAL UMBRELLA LIABILITY
EXCESS PERSONAL UMBRELLA LIABILITY

CONTRACTOR EXCLUSION

This policy does not insure against loss or expense, including but not limited to the cost of defense:

1. (i) — personal injury, bodily injury or property damage arising out of the ~~arising out of,~~ caused by or resulting from any operations performed for any insured by any contractor;
or
 2. ~~the named insured by independent contractors or~~ arising out of, caused by or resulting from any acts or omissions of the named any insured in connection with his general supervision of such operations; and, or
 3. arising out of, caused by or resulting from the acts or omissions of any insured in the selection, retention or supervision of any contractor who performs such operations; or
 4. arising out of any injury, damages or loss sustained by to any contractor; or to any employee, temporary worker, volunteer worker or casual laborer of any insured or contractor; or sustained by the spouse, child, parent, brother, sister or other relative of any employee, temporary worker, volunteer worker or casual laborer of any insured or contractor or any obligation of any insured to indemnify or contribute with another because of Bodily Injury, Property Damage, Personal Liability or Personal Injury any injury, damage or loss to such person.; or
- (ii) — personal injury or bodily injury to any independent contractor or to any employee of such contractor or to ~~arising out of any obligation of any insured to indemnify or contribute with another because of damages arising out of the bodily injury.~~ any Bodily Injury, Property Damage, Personal Liability or Personal Injury or other loss.

This exclusion applies to all claims of and suits brought by any person or organization for Bodily Injury, Property Damage, Personal Liability or Personal Injury or other injury, damage or loss, including damages for care, loss of services, or any claim under which any insured may be liable under any workers' compensation, disability benefits, unemployment compensation or any similar law arising out of or resulting from operations.

For purposes of this endorsement, the following definitions are added:

Casual laborer means any person providing work or materials to any insured or insured contractor for compensation of any type.

Employee includes a leased worker. Employee does not include a temporary worker.

Leased worker means a person leased to ; youany insured or contractor by a labor-leasing firm under an agreement between any insured or you contractor and the labor leasing firm, to perform duties related to the conduct of any insured or your contractor's business.

Leased worker does not include a temporary worker.

“Operations” means allOperations means any interior or exterior renovation, rehabilitation, structural alterations of any kind, new construction, moving buildings new construction, rehabilitation, moving of structures, demolition and other similar work. and demolition.

This exclusion shall not apply to maintenance or repair of the premises conducted by or on behalf of the named insured.

Temporary worker means a person who is furnished to any insured or contractor or subcontractor to substitute for a permanent employee on leave or to meet seasonal or short-term workload conditions.

Volunteer worker means a person who is not your an employee of any insured or contractor, and who donates his or her work and acts at the direction of and within the scope of duties determined by any insured or youcontractor, and is not paid a fee, salary or other compensation by you any insured or contractor or anyone else for their work performed for you.

In addition, as used in this endorsement, where the following terms are defined within the policy to which this endorsement is attached, these terms have that defined meaning in this endorsement:

Bodily injury

Insured

Insured location

Loss

Personal injury

Property damage

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

