

SERFF Tracking Number: ZURC-125477787 State: Arkansas  
Filing Company: American Guarantee and Liability Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: CW-PR-27009  
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability  
Product Name: CW-PR-27009 Lawyers Professional Liability Revised Endorsement  
Project Name/Number: CW-PR-27009 Lawyers Professional Liability Revised Endorsement /CW-PR-27009

## Filing at a Glance

Company: American Guarantee and Liability Insurance Company

Product Name: CW-PR-27009 Lawyers Professional Liability Revised Endorsement SERFF Tr Num: ZURC-125477787 State: Arkansas

TOI: 17.1 Other Liability - Claims Made Only

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.1019 Professional Errors & Omissions Liability

Co Tr Num: CW-PR-27009

State Status: Fees verified and received

Filing Type: Form

Co Status: Not Applicable

Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding

Author: Cindy Schultz

Disposition Date: 02/22/2008

Date Submitted: 02/13/2008

Disposition Status: Approved

Effective Date Requested (New): 03/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 03/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: CW-PR-27009 Lawyers Professional Liability Revised Endorsement

Status of Filing in Domicile:

Project Number: CW-PR-27009

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 02/22/2008

State Status Changed: 02/22/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

In accordance with the filing requirements of your state, we enclose for your review and approval a revised form for our Lawyers Professional Liability Program. We have made revised form U-PL-879-A CW (05/99) Disciplinary Proceedings Endorsement to correct a typographical error.

SERFF Tracking Number: ZURC-125477787 State: Arkansas  
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Please see the Explanatory Memorandum for a complete description of this filing.

We request an effective of March 1, 2008, at the earliest or if not, as soon as statutes permit.

## Company and Contact

### Filing Contact Information

Cindy Schultz, Filing Analyst cindy.schultz@zurichna.com  
 1400 American Lane (847) 762-7311 [Phone]  
 Schaumburg, IL 60196 (847) 605-7768[FAX]

### Filing Company Information

American Guarantee and Liability Insurance CoCode: 26247 State of Domicile: New York  
 Company  
 1400 American Lane Group Code: 212 Company Type:  
 Schaumburg, IL 60196 Group Name: State ID Number:  
 (847) 605-6000 ext. [Phone] FEIN Number: 36-6071400  
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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 #
American Guarantee and Liability Insurance Company	\$50.00	02/13/2008	17959417

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	02/22/2008	02/22/2008

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## Disposition

Disposition Date: 02/22/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ZURC-125477787 State: Arkansas  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	Explanatory memorandum	Approved	Yes
<b>Form</b>	Disciplinary Proceedings Endorsement	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Disciplinary Proceedings Endorsement	U-PL-879- B CW	01/08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 U-PL-897-A CW (05/99) Previous Filing #: UNKNOWN		U-PL-879-B CW 0108 Final.pdf



**ZURICH**<sup>®</sup>

# Disciplinary Proceedings Endorsement

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.

Named Insured / Mailing Address:

Producer:

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

This endorsement modifies insurance provided under the:

### Lawyers Professional Liability Policy

In consideration of the premium charged, it is agreed that this policy is amended as indicated. All other terms and conditions of this policy remain unchanged.

**A. Section I – INSURING AGREEMENT** is amended by adding the following:

#### **D. DISCIPLINARY PROCEEDINGS**

Coverage afforded by this policy will include **Disciplinary Proceedings** subject to the following provisions:

1. As a condition precedent to this coverage, the **Insured** shall immediately give notice to the **Company** of the initiation of a **Disciplinary Proceeding**.
2. Solely for the purpose of this section, the **Insured** will have the right and duty to defend the **Disciplinary Proceeding**; provided, however, that the **Company** will have the right to effectively associate in the defense and investigation of the **Disciplinary Proceeding** and be kept fully apprised as to the status of the **Disciplinary Proceeding**.
3. Solely for the purpose of this section, the **Insured** will have the right and duty to select counsel subject to the **Company's** prior written consent, which consent will not be unreasonably withheld.
4. Upon a final resolution of the **Disciplinary Proceeding**, subject to Section 5 below, the **Company** will indemnify an **Insured** for reasonable defense costs incurred to resolve the **Disciplinary Proceeding**. The **Company** will not indemnify an **Insured** for any **Damages** incurred as a result of any **Disciplinary Proceeding**. The **Company** will not indemnify any **Insured** for defense costs in which the final resolution of the **Disciplinary Proceeding** results in the suspension or revocation of the **Insured's** license or right to practice law. The **Company** will have no obligation to pay defense costs other than upon the final resolution of the **Disciplinary Proceeding** as described herein.
5. One half the deductible amount shown in the Declarations will be paid by the **Insured** and will be applicable to all reasonable defense costs in resolution of the **Disciplinary Proceeding**. This deductible amount is in addition to, and not part of, the deductible shown in the Declarations. Thus, if the act or omission that gave rise to the **Disciplinary Proceeding** results in a **Claim**, the **Insured** will be obligated to pay the full deductible shown in the Declarations as well as up to the one half deductible as described herein.

The maximum limit of liability of the **Company** for defense costs in connection with **Disciplinary Proceedings** will not exceed \$10,000 in the aggregate regardless of how many **Disciplinary Proceedings** occur during the

**Policy Period** and regardless of any other fact, circumstance or situation. This limit of liability is part of, and not in addition to, the limit of liability shown in the Declarations. Thus, if the act or omission that gave rise to the **Disciplinary Proceeding** results in a **Claim**, the Each Claim limit of liability shown in the Declarations will be reduced by any payments made under this section. The **Company's** obligation to pay is in excess of the deductible, which is included in and is not in addition to the limit of liability.

**B. Section VI -- DEFINITIONS** is amended to include the following:

**Q. DISCIPLINARY PROCEEDINGS** means a grievance or allegation involving an act or omission made against an **Insured** to any professional entity charged with the responsibility to oversee lawyer disciplinary matters.

All other terms, conditions, provisions and exclusions of this policy remain the same.

Signed by \_\_\_\_\_

Authorized Representative

\_\_\_\_\_ Date

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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 02/22/2008

**Comments:**

**Attachments:**

NAIC TRANSMITAL.pdf  
Form Filing Schedule.pdf

**Satisfied -Name:** Explanatory memorandum **Review Status:** Approved 02/22/2008

**Comments:**

**Attachment:**

Disc Proc Explan Memo.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>			
	a. Date the filing is received:			
	b. Analyst:			
	c. Disposition:			
	d. Date of disposition of the filing:			
	e. Effective date of filing:			
	New Business			
	Renewal Business			
	f. State Filing #:			
	g. SERFF Filing #:			
	h. Subject Codes			
<b>3. Group Name</b>	<b>Group NAIC #</b>			
Zurich North America	212			
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
American Guarantee and Liability Insurance Company	NY	26247	36-6071400	
<b>5. Company Tracking Number</b>	<b>CW-PR-27009</b>			
<b>Contact Info of Filer(s) or Corporate Officer(s)</b> [include toll-free number]				
<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Cindy Schultz 1400 American Lane Schaumburg, IL 60196-1056	Filing Analyst	847-762-7311	847-605-7768	Cindy.schultz@zurichna.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Cindy L Schultz			
<b>Filing information</b> (see General Instructions for descriptions of these fields)				
<b>9. Type of Insurance (TOI)</b>	17.0 Other Liability-Claims Made/Occurrence			
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0019 Professional Errors & Omissions Liability			
<b>11. State Specific Product code(s) (if applicable)[See State Specific Requirements]</b>				
<b>12. Company Program Title</b> (Marketing title)	Lawers Professional Liability			
<b>13. Filing Type</b>	<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)			
<b>14. Effective Date(s) Requested</b>	New: 03/01/2008 at earliest or Renewal: 03/01/2008 at if not, as soon as statutes earliest or if not, as soon as statutes permit			
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>16. Reference Organization</b> (if applicable)				
<b>17. Reference Organization # &amp; Title</b>				
<b>18. Company's Date of Filing</b>	02/13/2008			
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

**Property & Casualty Transmittal Document—**

<b>20. This filing transmittal is part of Company Tracking #</b>	CW-PR-27009
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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In accordance with the filing requirements of your state, please be advised that we wish to submit for your review and approval our revised endorsement for use with our Lawyers Professional Liability program. We have made revised form U-PL-879-A CW (5/99) Disciplinary Proceedings Endorsement to correct a typographical error.

U-PL-879-B CW (01/08) Disciplinary Proceedings Endorsement is replacing U-PL-879-A CW (05/99)

The typographical error being corrected is under Section **B**. The item formerly titled “**P**” has been correctly title “**Q**” as “**P**” is already in use in the policy.

<b>22. Filing Fees</b> (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]
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**Check #:** eft  
**Amount:** 50.00

**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.)**

## 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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		<b>CW-PR-27009</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Disciplinary Proceedings Endorsement	U-PL-879-B CW 01/08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	U-PL-879-A CW 05 99	
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		

# Explanatory Memorandum

## Multi State Lawyers Professional Liability

We have made revised form U-PL-879-A CW (5/99) Disciplinary Proceedings Endorsement to correct a typographical error.

U-PL-879-B CW (01/08) Disciplinary Proceedings Endorsement is replacing U-PL-879-A CW (05/99)

The typographical error being corrected is under Section **B**. The item formerly titled “**P**” has been correctly title “**Q**” as “**P**” is already in use in the policy.