

SERFF Tracking Number: ERCA-125130489 State: Arkansas  
Filing Company: Westport Insurance Corporation State Tracking Number: AR-PC-07-023704  
Company Tracking Number: WIC-IIP-AR-07-02403-1-F  
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability  
Product Name: Independent Insurance Agents Professional Liability Package  
Project Name/Number: New Endorsement Filing (SP 3 882)/WIC-IIP-07-02403-1-F

## Filing at a Glance

Company: Westport Insurance Corporation

Product Name: Independent Insurance Agents Professional Liability Package  
SERFF Tr Num: ERCA-125130489 State: Arkansas

TOI: 17.1 Other Liability - Claims Made Only SERFF Status: Closed State Tr Num: AR-PC-07-023704  
Sub-TOI: 17.1019 Professional Errors & Omissions Liability Co Tr Num: WIC-IIP-AR-07-02403-1-F State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Michelle Fahey, Betty Montesi, Edith Roberts

Author: Cindy Knoll

Date Submitted: 03/30/2007

Disposition Date: 03/11/2008

Disposition Status: Disapproved

Effective Date Requested (New): 06/01/2007

Effective Date (New):

Effective Date Requested (Renewal): 06/01/2007

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: New Endorsement Filing (SP 3 882)

Status of Filing in Domicile: Pending

Project Number: WIC-IIP-07-02403-1-F

Domicile Status Comments: Filed concurrently

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/11/2008

Deemer Date:

State Status Changed: 03/11/2008

Corresponding Filing Tracking Number:

Filing Description:

Re: WESTPORT INSURANCE CORPORATION

NAIC: 181-34207

FEIN: 13-1941868

Independent Insurance Agents Professional Liability Package

Form Filing

<i>SERFF Tracking Number:</i>	<i>ERCA-125130489</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Westport Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-023704</i>
<i>Company Tracking Number:</i>	<i>WIC-IIP-AR-07-02403-1-F</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1019 Professional Errors &amp; Omissions Liability</i>
<i>Product Name:</i>	<i>Independent Insurance Agents Professional Liability Package</i>		
<i>Project Name/Number:</i>	<i>New Endorsement Filing (SP 3 882)/WIC-IIP-07-02403-1-F</i>		

Westport Insurance Corporation would like to submit the attached new endorsement filing and corresponding rule page for our Independent Insurance Agents Professional Liability Package program. \*Related Rules have been filed seperately as required by SERFF (ERCA-125130490)

- SP 3 882 0307 Loss and Claim Expenses Within the Limits of Liability - Optional
- DWL-CW-E1 (06/07) Countrywide Exception Page

As this is an optional endorsement, there is no estimated rate impact

We would like to request an effective date of June 1, 2007 for this filing.

## Company and Contact

### Filing Contact Information

Cindy Knoll, Product & Regulatory Services Analyst	cindy_knoll@swissre.com
5200 Metcalf	(913) 255-6931 [Phone]
Overland Park, KS 66201-1379	(913) 676-6226[FAX]

### Filing Company Information

Westport Insurance Corporation	CoCode: 34207	State of Domicile: Missouri
5200 Metcalf	Group Code: 181	Company Type:
P.O. Box 2979		
Overland Park, KS 66201-1379	Group Name:	State ID Number:
(800) 241-3470 ext. [Phone]	FEIN Number: 13-1941868	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 for forms

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\*Please note that one check was sent for both form and rule filings - separate SERFF filing #  
ERCA-125130489 & ERCA-125130490

*Per Company:* No

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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
100244	\$75.00	03/08/2007

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Edith Roberts	03/11/2008	03/11/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Edith Roberts	02/12/2008	02/12/2008			
Industry Response						
Pending	Edith Roberts	04/11/2007	04/11/2007			
Industry Response						

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## **Disposition**

Disposition Date: 03/11/2008

Effective Date (New):

Effective Date (Renewal):

Status: Disapproved

Comment: "Disapproved" due to lack of reponse to Department objections.

Rate data does NOT apply to filing.



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## **Objection Letter**

Objection Letter Status      Pending Industry Response  
Objection Letter Date      02/12/2008  
Submitted Date      02/12/2008  
Respond By Date      02/22/2008

Dear Cindy Knoll,

This will acknowledge receipt of the captioned filing.

Please respond within ten days, or I must disapprove the filing for lack of response.

Thanks.

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 04/11/2007  
Submitted Date 04/11/2007  
Respond By Date

Dear Cindy Knoll,

This will acknowledge receipt of the captioned filing.

Please confirm that this endorsement will not apply to risks insured for less than \$1,000,000 limits pursuant to AID Order 2000-169, and you will also need to file a consent agreement, wherein the insured acknowledges that he is aware that the limit of liability may be exhausted in payment of defense expense.

Please feel free to contact me if you have questions.

Sincerely,  
Edith Roberts  
Sr. Certified Rate and Form Analyst  
Sincerely,  
Edith Roberts

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Disapproved	Loss and Claim Expenses Within the Limits of Liability	SP 3 882	0307	Endorsement/Amendment/Conditions	New	0.00	SP 3 882 0307.pdf

# **Westport Insurance Corporation**

## **LOSS AND CLAIM EXPENSES WITHIN THE LIMITS OF LIABILITY**

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

Section III. DEFENSE, INVESTIGATION, AND SETTLEMENT OF CLAIMS, Item B, of the Insurance Industry Professional Liability Coverage Unit, is deleted in its entirety and replaced as follows:

- B. not settle any "claim" without your consent. If we recommend a settlement to you which is acceptable to the claimant, and you do not agree with us and would rather contest the matter, our ultimate liability will be limited to the total of:
  - 1. the amount for which the "claim" could have been settled at that time, plus
  - 2. the amount of "claim expense" that was incurred up to the time we made the recommendation.

We shall not be obligated to pay any "loss" or defend or continue to defend any "claim" after the Per Claim Limit of Liability or Aggregate Limit of Liability under this "coverage unit" has been exhausted by payment of "loss" and/or "claim expenses" or the deposit in a court having jurisdiction of sums exhausting the Per Claim Limit of Liability or Aggregate Limit of Liability.

Section IV. LIMITS OF LIABILITY, of the General Terms and Conditions, is deleted in its entirety and replaced as follows:

- A. All Limits of Liability shall apply in excess of the Deductible. All amounts paid as "loss" and all amounts paid as "claim expenses" are subject to the applicable Limit of Liability.
- B. All "claim expenses" shall first be subtracted from the applicable "per claim Limit of Liability" with the remainder, if any, being the amount available to pay "loss." Our liability for the combined total of all "loss," as defined in each of the attached "coverage units," and "claim expense" for a "claim," shall not exceed the amount stated in the Declarations as Per Claim Limit of Liability for that "coverage unit."
- C. There shall be no stacking of "coverage unit" limits. If more than one "coverage unit" covers a "claim," our liability for the combined total of all "loss" and "claim expenses" for the "claim" shall not exceed the highest single Per Claim Limit of Liability as stated in the Declarations for the "coverage unit(s)" which cover the "claim."
- D. Our liability for the combined total of all "loss" and "claim expenses" for all "claims" covered by a "coverage unit" shall not exceed the amount stated in the Declarations as Aggregate Limit of Liability for that "coverage unit."
- E. Our liability under the "policy" for the combined total of all "loss" and "claim expenses" for all "claims" covered by any and all "coverage unit(s)" shall not exceed the amount stated in the Declarations as Policy Aggregate Limit of Liability.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

(The information below is required only when this endorsement is issued subsequent to the preparation of the policy.)

Endorsement Effective  
Named Insured

Policy No.

Countersigned.

WESTPORT INSURANCE CORPORATION

*Facsimile signature to be  
inserted*

*Facsimile signature to be  
inserted*

\_\_\_\_\_  
Authorized Representative

President

Secretary

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## **Rate Information**

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## Supporting Document Schedules

**Bypassed -Name:** Uniform Transmittal Document-  
Property & Casualty  
**Bypass Reason:** All required information entered on General Information, Form Schedule, and Filing Fees tabs  
**Comments:**

**Review Status:** Disapproved 03/11/2008