

SERFF Tracking Number: WESA-125509852 State: Arkansas
Filing Company: United States Liability Insurance Company State Tracking Number: #27178 \$50
Company Tracking Number: PROF-SP-08-14
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
Product Name: Specified Professions Errors and Omissions
Project Name/Number: Submission of Revised SP-244 form/PROF-SP-08-14

Filing at a Glance

Company: United States Liability Insurance Company

Product Name: Specified Professions Errors and Omissions SERFF Tr Num: WESA-125509852 State: Arkansas

and Omissions

TOI: 17.1 Other Liability - Claims Made Only

SERFF Status: Closed

State Tr Num: #27178 \$50

Sub-TOI: 17.1019 Professional Errors &

Co Tr Num: PROF-SP-08-14

State Status: Fees verified and

Omissions Liability

received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith

Roberts, Brittany Yielding

Authors: Westmont Associates,

Disposition Date: 03/12/2008

Wesley Pohler

Date Submitted: 03/02/2008

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: Submission of Revised SP-244 form

Status of Filing in Domicile: Pending

Project Number: PROF-SP-08-14

Domicile Status Comments: Pending in PA

Reference Organization: None

Reference Number: None

Reference Title: None

Advisory Org. Circular: None

Filing Status Changed: 03/12/2008

State Status Changed: 03/12/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The Company is filing a new version of its Absolute Medical & Healthcare Services Exclusion Form - SP-244. The attached 02/08 edition will replace the 10/99 edition currently on file.

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Company and Contact

Filing Contact Information

(This filing was made by a third party - westmontassociatesinc)

Wesley Pohler, AVP wes@westmontlaw.com
 25 Chestnut Street (856) 216-0220 [Phone]
 Haddonfield, NJ 08033 (856) 216-0303[FAX]

Filing Company Information

United States Liability Insurance Company CoCode: 25895 State of Domicile: Pennsylvania
 25 Chestnut Street Group Code: 31 Company Type: Property and Casualty

Suite 105
 Haddonfield, NJ 08033 Group Name: State ID Number:
 (856) 216-0220 ext. [Phone] FEIN Number: 23-1383313

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United States Liability Insurance Company	\$0.00	03/02/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
27178	\$50.00	02/26/2008

SERFF Tracking Number: WESA-125509852 *State:* Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	03/12/2008	03/12/2008

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Disposition

Disposition Date: 03/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125509852 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Absolute Medical and Healthcare Services Exclusion	SP 244 (02-08)	(02-08)	Endorsement/Amendment/Conditions	Replaced Form #:0.00 SP-244 10-99 Previous Filing #:		SP-244 (2-08) Absolute Medical & Healthcare Services Exclusion.pdf

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

This endorsement modifies insurance provided under the following:

SPECIFIED PROFESSIONS ERRORS AND OMISSIONS LIABILITY

ABSOLUTE MEDICAL AND HEALTHCARE SERVICES EXCLUSION

In consideration of the premium paid, it is agreed that the **Company** shall not be liable to make any payment for **Loss** or **Claims Expenses** for any **Claim** made against any **Insured** based upon or arising out of, whether direct or vicarious, any actual or alleged **Wrongful Act** involving:

- a. The rendering or failure to render medical, surgical, dental, psychiatric, psychological and other healthcare services;
- b. The rendering or failure to render any ancillary services in conjunction with the above, which result in, lead to or cause, directly or indirectly, bodily injury, sickness, disease or death of any person.

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 03/12/2008

Comments:

Attached is the NAIC Form

Attachment:

AR.pdf

Satisfied -Name: Letter of Authorization **Review Status:** Approved 03/12/2008

Comments:

Attached is the Letter of Authorization

Attachment:

Westmont Authorization Letter.pdf

Satisfied -Name: Side by Side Comparison **Review Status:** Approved 03/12/2008

Comments:

Attached is the side by side comparison.

Attachment:

SP-244 Comparison.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 03/12/2008

Comments:

Attached is our cover letter.

Attachment:

USLI Letter.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="border: none; text-align: center;">New Business</td> <td style="border: none; width: 50px;"></td> </tr> <tr> <td style="border: none; text-align: center;">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: _____ Renewal: _____
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



UNITED STATES LIABILITY INSURANCE GROUP

A BERKSHIRE HATHAWAY COMPANY

190 South Warner Road, P.O. Box 6700, Wayne, PA 19087-4391
610.688.2535 888.523.5545 Fax 610.688.4391

1/7/2008

RE: United States Liability Ins Company: NAIC #0031-25895 FEIN#23-1383313
Mount Vernon Fire Insurance Company NAIC #0031-26522 FEIN#23-1575334
U.S. Underwriters Insurance Company NAIC #0031-35416 FEIN#23-2049904

Dear Sir or Madam,

In accordance with the applicable statutes and regulations of your state, Nancy Stepanski and Westmont Associates, Inc. is hereby authorized to file form, rate and rule filings on behalf of the above captioned companies.

Sincerely,

Mark Miller
State Filings Manager
United States Liability Insurance Group
190 South Warner Road
Wayne, PA 19087-2191

1.888.523.5545 X586
Fax: 610.688.4391
mmiller@usli.com

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

This ~~Endorsement~~endorsement modifies insurance provided under the following:

SPECIFIED PROFESSIONS ERRORS AND OMISSIONS LIABILITY

~~**MEDICAL MALPRACTICE EXCLUSION**~~**ABSOLUTE MEDICAL AND
HEALTHCARE SERVICES EXCLUSION**

In consideration of the premium paid, it is agreed that the **Company** shall not be liable to make any payment for **Loss** or **Claims Expenses** ~~in connection with~~for any **Claim** made against any **Insured** based ~~upon, arising out of, directly or indirectly resulting from, in consequence or, or any way involving medical professional~~upon or arising out of, whether direct or vicarious, any actual or alleged **Wrongful Act** involving:

- a. ~~malpractice, including, but not limited to, the rendering of~~The rendering or failure to render ~~medical professional services.~~medical, surgical, dental, psychiatric, psychological and other healthcare services;
- b. The rendering or failure to render any ancillary services in conjunction with the above, which result in, lead to or cause, directly or indirectly, bodily injury, sickness, disease or death of any person.

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

February 27, 2008

Department of Insurance
Property and Casualty Division
Forms Review Section

**RE: United States Liability Insurance Company / NAIC#25895
Specified Professions Errors and Omissions Liability Product
Form Revision Submission
Company Filing #:PROF-SP-08-14
Effective Date: Upon Approval/Acknowledgement**

To Whom It May Concern:

Enclosed you will find the Company's Specified Professions Errors & Omissions Liability form filing, consisting of one endorsement. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

The Company is submitting for your review the attached revised version of its currently filed and approved Absolute Medical and Healthcare Services Exclusion (form SP-244, 02-08 edition). This form will replace the 10-99 edition of the endorsement currently on file with your Department. The Company has made the revisions to the form in order to clarify its intent to not provide coverage for claims arising from wrongful acts related to or involving healthcare services. For your information, please refer to the attached mocked up version of the old endorsement. Once approved, the form will be placed on new business accounts with healthcare exposure and would replace the 10-99 edition of the endorsement on all accounts at renewal. Please be advised that there are no rate changes associated with the filing of this revised endorsement.

We respectfully request your approval and/or acknowledgement of this submission, with this filing being implemented within 30 days of approval. Enclosed please find a self-addressed stamped envelope for your convenience in returning the duplicate copy of this filing, evidencing your approval and/or acknowledgement.

Respectfully Submitted,

Wesley Pohler

Wesley Pohler
Assistant Vice-President
wes@westmontlaw.com

Enc.

Cc: M. Miller