

SERFF Tracking Number: ERCB-125625843 State: Arkansas  
Filing Company: Westport Insurance Corporation State Tracking Number: EFT \$50  
Company Tracking Number: IIA-AR-08-03504  
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability  
Product Name: Independent Insurance Corporation Professional Liability Pkg.  
Project Name/Number: Insolvency Exclusion Endorsement (revision)/IIA-AR-08-03504

## Filing at a Glance

Company: Westport Insurance Corporation

Product Name: Independent Insurance Corporation Professional Liability Pkg.

TOI: 17.1 Other Liability - Claims Made Only

Sub-TOI: 17.1019 Professional Errors & Omissions Liability

Filing Type: Form

SERFF Tr Num: ERCB-125625843 State: Arkansas

SERFF Status: Closed

Co Tr Num: IIA-AR-08-03504

Co Status:

Author: Cindy Knoll

Date Submitted: 04/28/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

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

Disposition Date: 04/30/2008

Disposition Status: Approved

Effective Date (New):

Effective Date Requested (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Insolvency Exclusion Endorsement (revision)

Project Number: IIA-AR-08-03504

Reference Organization:

Reference Title:

Filing Status Changed: 04/30/2008

State Status Changed: 04/30/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Domicile Status Comments: Filed Concurrently

Reference Number:

Advisory Org. Circular:

Deemer Date:

Westport Insurance Corporation would like to submit the attached revised endorsement filing for our Independent Insurance Agents Professional Liability Package program. This will replace our previously approved SP 1 938 0402 edition. Changes made to this revised form are to clarify that the insolvency exclusion does not apply if coverage was placed with a carrier backed by a state guaranty fund.

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 Project Name/Number: Insolvency Exclusion Endorsement (revision)/IIA-AR-08-03504  
 SP 3 938 1107 Insolvency Exclusion - Mandatory

We would like to request an effective date of September 1, 2008 for this filing.

## Company and Contact

### Filing Contact Information

Cindy Knoll, Compliance Specialist cindy\_knoll@swissre.com  
 5200 Metcalf (800) 255-6931 [Phone]  
 Overland Park, KS 66201 (913) 676-6226[FAX]

### Filing Company Information

Westport Insurance Corporation CoCode: 39845 State of Domicile: Missouri  
 5200 Metcalf Group Code: 181 Company Type:  
 Overland Park, KS 66201 Group Name: Swiss Re State ID Number:  
 (800) 255-6931 ext. [Phone] FEIN Number: 48-0921045

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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 #
Westport Insurance Corporation	\$50.00	04/28/2008	19939385

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	04/30/2008	04/30/2008

*SERFF Tracking Number:*      *ERCB-125625843*                      *State:*                      *Arkansas*  
*Filing Company:*              *Westport Insurance Corporation*                      *State Tracking Number:*      *EFT \$50*  
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*TOI:*                      *17.1 Other Liability - Claims Made Only*                      *Sub-TOI:*                      *17.1019 Professional Errors & Omissions*  
*Product Name:*                      *Independent Insurance Corporation Professional Liability Pkg.*  
*Project Name/Number:*              *Insolvency Exclusion Endorsement (revision)/IIA-AR-08-03504*

## **Disposition**

Disposition Date: 04/30/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:*      *ERCB-125625843*                      *State:*                      *Arkansas*  
*Filing Company:*              *Westport Insurance Corporation*                      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *IIA-AR-08-03504*  
*TOI:*                      *17.1 Other Liability - Claims Made Only*                      *Sub-TOI:*                      *17.1019 Professional Errors & Omissions Liability*  
  
*Product Name:*                      *Independent Insurance Corporation Professional Liability Pkg.*  
*Project Name/Number:*              *Insolvency Exclusion Endorsement (revision)/IIA-AR-08-03504*

<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>Form</b>	Insolvency Exclusion	Approved	Yes

SERFF Tracking Number: *ERCB-125625843* State: *Arkansas*  
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 TOI: *17.1 Other Liability - Claims Made Only* Sub-TOI: *17.1019 Professional Errors & Omissions Liability*  
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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Insolvency Exclusion	SP 1 938	1107	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 SP 1 938 0402 Previous Filing #:		SP 1 938 1107.pdf

# **Westport Insurance Corporation**

## **INSOLVENCY EXCLUSION**

It is agreed that the Exclusions Section of the General Terms and Conditions is amended to include the following exclusion:

**INSOLVENCY.** The financial inability to pay, insolvency, receivership, bankruptcy or liquidation of any insurance company, any Individual Practice Association, Health Maintenance Organization, Preferred Provider Organization, Dental Service Plan, Risk Retention Group, Risk Provider Group, self-insured plan or any pool, syndicate, association, or other combination formed for the purpose of providing insurance or reinsurance, or any healthcare provider or any reinsurer with which the insured directly placed the subject risk; however, this exclusion does not apply if, at the time the insured placed the subject risk with any of the above-described entities, such entity or entities were rated by AM Best as B+ or higher, or alternatively, such entities were member insurers of the state guaranty fund or guaranty association in the state or states of domicile of the subject risk, or such entities were guaranteed by a governmental body or bodies and/or operated by a governmental body or bodies (including but not limited to assigned risk plans, Joint Underwriting Association's, fair plans), or the insured placed the coverage with a County Mutual reinsured by carriers rated B+ or higher.

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

*SERFF Tracking Number:*      *ERCB-125625843*                      *State:*                      *Arkansas*  
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## **Rate Information**

Rate data does NOT apply to filing.

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Liability  
Product Name: Independent Insurance Corporation Professional Liability Pkg.  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 04/30/2008

**Comments:**  
**Attachment:**  
AR Transmittal.pdf

## Property & Casualty Transmittal Document

Reset Form

<p><b>1. Reserved for Insurance Dept. Use Only</b></p>	<p><b>2. Insurance Department Use only</b></p> <p>a. Date the filing is received:</p> <p>b. Analyst:</p> <p>c. Disposition:</p> <p>d. Date of disposition of the filing:</p> <p>e. Effective date of filing:</p> <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> <p>f. State Filing #:</p> <p>g. SERFF Filing #:</p> <p>h. Subject Codes</p>	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Swiss Re Ins	

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Westport Insurance Corporation	MO	39845	48-0921045	

<b>5. Company Tracking Number</b>	IIA-AR-08-03504
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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
Cindy Knoll 5200 Metcalf Overland Park, KS 66201	Regulatory Specialist	800-255-6931 ext. 5896	913-676-5896	cindy_knoll@swissre.com

7. Signature of authorized filer	Cindy Knoll	Digitally signed by Cindy Knoll DN: cn=Cindy Knoll, o=Westport Insurance Corporation, ou=Americas Property and Casualty, email=cindy_knoll@swissre.com, c=US Date: 2008.04.28 12:51:48 -0500
8. Please print name of authorized filer	Cindy Knoll	

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.1 Other Liability-Claims Made Only
10. Sub-Type of Insurance (Sub-TOI)	17.1019 Professional Errors and Omissions Liability
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Independent Insurance Agents Professional Liability Pkg.
13. Filing Type	<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)
14. Effective Date(s) Requested	New: 09-01-2008      Renewal: 09-01-2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # IIA-AR-08-03504

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Westport Insurance Corporation would like to submit the attached revised endorsement filing for our Independent Insurance Agents Professional Liability Package program. This will replace our previously approved SP 1 938 0402 edition. Changes made to this revised form are to clarify that the insolvency exclusion does not apply if coverage was placed with a carrier backed by a state guaranty fund.

SP 3 938 1107 Insolvency Exclusion - Mandatory

We would like to request an effective date of September 1, 2008 for this filing.

[View Complete Filing Description](#)

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 #: EFT

Amount: 50.00

EFT - VIA SERFF

**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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	IIA-AR-08-08504
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>	n/a
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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	Insolvency Exclusion	SP 1 938 1107	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	SP 1 938 0402	
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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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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)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>						
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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

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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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	