

<i>SERFF Tracking Number:</i>	<i>ERCB-125625925</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Westport Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PCOB-AR-08-03505</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Open Brokerage Coverage Unit for Professionals</i>		
<i>Project Name/Number:</i>	<i>Insolvency Exclusion Endorsement (revision)/PCOB-AR-08-03505</i>		

Filing at a Glance

Company: Westport Insurance Corporation

Product Name: Open Brokerage Coverage Unit SERFF Tr Num: ERCB-125625925 State: Arkansas

for Professionals

TOI: 17.1 Other Liability - Claims Made Only

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.1019 Professional Errors &

Co Tr Num: PCOB-AR-08-03505

State Status: Fees verified and received

Omissions Liability

Filing Type: Form

Co Status:

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

Author: Cindy Knoll

Disposition Date: 04/30/2008

Date Submitted: 04/28/2008

Disposition Status: Approved

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

Effective Date (New):

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

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Insolvency Exclusion Endorsement (revision)

Status of Filing in Domicile: Pending

Project Number: PCOB-AR-08-03505

Domicile Status Comments: Filed Concurrently

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/30/2008

State Status Changed: 04/30/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Westport Insurance Corporation would like to submit the attached revised endorsement filing for our Open Brokerage Coverage Unit for Professionals 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.

SERFF Tracking Number: ERCB-125625925 State: Arkansas
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 Company Tracking Number: PCOB-AR-08-03505
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
 Product Name: Open Brokerage Coverage Unit for Professionals
 Project Name/Number: Insolvency Exclusion Endorsement (revision)/PCOB-AR-08-03505

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

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	19939384

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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-125625925* *State:* *Arkansas*
Filing Company: *Westport Insurance Corporation* *State Tracking Number:* *EFT \$50*
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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-125625925* *State:* *Arkansas*
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Insolvency Exclusion	Approved	Yes

SERFF Tracking Number: *ERCB-125625925* State: *Arkansas*
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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-125625925* *State:* *Arkansas*
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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 04/30/2008

Comments:
Attachment:
AR Transmittal.pdf

Property & Casualty Transmittal Document

Reset Form

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:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
Swiss Re Ins	

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

5. Company Tracking Number	PCOB-AR-08-03505
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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)	Open Brokerage Coverage Unit for Professionals
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 # PCOB-AR-08-03505

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

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[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.)**

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 #	PCOB-AR-08-08505
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2.	This filing corresponds to rate/rule filing number <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