

SERFF Tracking Number: QBEC-125584887 State: Arkansas
Filing Company: QBE Insurance Corporation State Tracking Number: EFT \$25
Company Tracking Number:
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: GL TRIPRA Forms Revision
Project Name/Number: GL TRIPRA Fprms Revision/08-091-001-GL-AR

Filing at a Glance

Company: QBE Insurance Corporation
Product Name: GL TRIPRA Forms Revision SERFF Tr Num: QBEC-125584887 State: Arkansas
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$25
Made/Occurrence
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: Marsha Layton Disposition Date: 04/16/2008
Date Submitted: 03/28/2008 Disposition Status: Approved
Effective Date Requested (New): 06/01/2208 Effective Date (New):
Effective Date Requested (Renewal): 06/01/2008 Effective Date (Renewal):
State Filing Description:

General Information

Project Name: GL TRIPRA Fprms Revision Status of Filing in Domicile: Authorized
Project Number: 08-091-001-GL-AR Domicile Status Comments:
Reference Organization: ISO Reference Number: CL-2008-OTOAL
Reference Title: Advisory Org. Circular: LI-GL-2008-067
Filing Status Changed: 04/16/2008
State Status Changed: 04/16/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

QBE is a subscriber of Insurance Services Office for General Liability Forms. However, ISO does not file on behalf of QBE. In response to the Terrorism Risk Insurance Program Reauthorization Act of 2007, ISO has submitted additional forms filing CL-2008-OTOAL revising and withdrawing certain terrorism endorsements to provide underwriters with a tool to exclude acts of terrorism committed outside the jurisdictional boundaries of the federal program for risks which have international exposures. Such acts do not meet the criteria of a certified act of terrorism under the federal Program and thus would not be subject to federal participation in losses.

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We will be implementing these revisions for all policies effective on and after June 1, 2008.

Company and Contact

Filing Contact Information

Marsha Layton, Senior Compliance Analyst
 2230 Village Mall Drive (419) 747-9933 [Phone]
 Mansfield, OH 44906 (419) 747-9944[FAX]

Filing Company Information

QBE Insurance Corporation CoCode: 39217 State of Domicile: Pennsylvania
 88 Pine Street - 16th Floor Group Code: 796 Company Type:
 New York, NY 10005 Group Name: QBE Insurance State ID Number:
 Group
 (212) 422-9888 ext. [Phone] FEIN Number: 22-2311816

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: Forms reference filing
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------------------------|---------|----------------|---------------|
| QBE Insurance Corporation | \$25.00 | 03/28/2008 | 19090193 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Edith Roberts | 04/16/2008 | 04/16/2008 |

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Disposition

Disposition Date: 04/16/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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| Item Type | Item Name | Item Status | Public Access |
|----------------------------|--|--------------------|----------------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | | Yes |

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

03/28/2008

Comments:

Attachment:

AR GL NAIC PC Trans Doc TRIPRA Rev Forms.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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes |
|---|---|

| | | | | | |
|-----------|---------------------------|---------------------|---------------|---------------|----------------|
| 3. | Group Name | Group NAIC # | | | |
| | QBE Insurance Corporation | 0796-39217 | | | |
| 4. | Company Name(s) | Domicile | NAIC # | FEIN # | State # |
| | QBE Insurance Corporation | PA | 0796-39217 | 22-2311816 | |
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|-----------------------------------|------------------|
| 5. Company Tracking Number | 08-091-001-GL-AR |
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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 |
|-----------|--|--|----------------------|--------------|-------------------------------|
| | Marsha Layton 2230 Village Mall Drive Suite 1 Mansfield, OH 44906 | Senior Product Compliance/ Development Analyst | 419-747-9933 | 419-747-9944 | marsha.layton@qbeamericas.com |
| 7. | Signature of authorized filer | | <i>Marsha Layton</i> | | |
| 8. | Please print name of authorized filer | | Marsha Layton | | |

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

| | | |
|------------|---|--|
| 9. | Type of Insurance (TOI) | 17.0 Other Liability – Occ/Claims Made |
| 10. | Sub-Type of Insurance (Sub-TOI) | 17.0001 Commercial General Liability |
| 11. | State Specific Product code(s)(if applicable)[See State Specific Requirements] | N/A |
| 12. | Company Program Title (Marketing title) | MidStates Contractors |
| 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: 06/01/08 Renewal: 06/01/08 |
| 15. | Reference Filing? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. | Reference Organization (if applicable) | ISO |
| 17. | Reference Organization # & Title | CL-2008-OTOAL |
| 18. | Company's Date of Filing | 03/28/08 |
| 19. | Status of filing in domicile | <input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

Property & Casualty Transmittal Document—

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|------------|--|-------------------------|
| 20. | This filing transmittal is part of Company Tracking # | 08-091-001-GL-AR |
|------------|--|-------------------------|

| | |
|------------|--|
| 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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We will be implementing these revisions for all policies effective on and after June 1, 2008.

| | |
|--|---|
| 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: \$25.00 | |
| 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.)**

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 # | 08-091-001-GL-AR |
| 2. | This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small> | 08-091-001-GL-AR |

| 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 | As outlined under ISO circular LI-GL-2008-030 & approved under ISO circular LI-GL-2008-067. | | <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 | | |
| 11 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 12 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |