

SERFF Tracking Number: REGU-125614678 State: Arkansas
Filing Company: Arch Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: ARCH-08-103
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: ARCH-08-103
Project Name/Number: /

Filing at a Glance

Company: Arch Insurance Company

Product Name: ARCH-08-103

SERFF Tr Num: REGU-125614678 State: Arkansas

TOI: 17.0 Other Liability - Claims
Made/Occurrence

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: ARCH-08-103

State Status: Fees verified and
received

Filing Type: Form

Co Status:

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

Author: Jason Graciolett

Disposition Date: 04/28/2008

Date Submitted: 04/21/2008

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:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments: All states filed
simultaneously.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 04/28/2008

State Status Changed: 04/28/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Arch Insurance Company is submitting a revised independent commercial general liability form for use with its Service Industry Program. The Blanket Additional Insured Endorsement was approved by your department on 3/28/07 under Company Filing # ARCH-07-044 and Department File # AR-PC-07-023486.

The new version deletes the word "completed" in the second paragraph of Section 4. b.. Our competitors pointed it out

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Enclosed for your review:

- State Filing Forms
- Independent Form - Blanket Additional Insured Endorsement (00 GL0334 00 04 08)
- Side-By-Side Comparison

An EFT in the amount of \$50.00 to cover the required filing fee has been submitted via SERFF.

Company and Contact

Filing Contact Information

(This filing was made by a third party - insuranceregulatoryconsultantsllc)
Jason Graciolett, Analyst jasongraciolett@irccllc.com
50 Broad Street (212) 571-3989 [Phone]
New York, NY 10004

Filing Company Information

Arch Insurance Company CoCode: 11150 State of Domicile: Missouri
One Liberty Plaza Group Code: 1279 Company Type: P&C
53rd Floor
New York, NY 10006 Group Name: Arch Capital State ID Number:
(212) 651-9863 ext. [Phone] FEIN Number: 43-0990710

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

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Fee Explanation: AR is \$50 per forms filing.
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arch Insurance Company	\$50.00	04/21/2008	19774149

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	04/28/2008	04/28/2008

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Disposition

Disposition Date: 04/28/2008

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	Approved	Yes
Supporting Document	Filing Authorization	Approved	Yes
Supporting Document	Side-By-Side Comparison	Approved	Yes
Form	Blanket Additional Insured Endorsement	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Blanket	00	0408	Endorseme Replaced	Replaced Form #:0.00		Blanket
	Additional	GL0334		nt/Amendm	00 GL0334 00 03		Additional
	Insured	00 04 08		ent/Condi	07		Insured 00
	Endorsement			ons	Previous Filing #: ARCH-07-044		GL0334 00 04 08 com w Non- Contributory Change.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

Section II, WHO IS AN INSURED, is amended by adding

Any person, organization, trustee or estate:

- a. to whom "you" are obligated by written contract to provide insurance such as that afforded by this policy, or
- b. specifically designated as an additional insured on an authorized Certificate of Insurance received by "us" prior to any "occurrence";

Coverage afforded under (a) or (b) is limited to liability arising out of "your work" for such additional insured(s) and is caused by the negligent acts of the named insured.

This endorsement shall be excess of any other insurance available except coverage afforded by this endorsement will be primary and non-contributory, but only if and to the extent required by written contract.

All other terms and conditions of the Policy remain the same.

SERFF Tracking Number: *REGU-125614678* *State:* *Arkansas*
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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 04/28/2008

Comments:

Attachment:

AR - NAIC.pdf

Satisfied -Name: Filing Authorization **Review Status:** Approved 04/28/2008

Comments:

Attachment:

Authorization Letter.pdf

Satisfied -Name: Side-By-Side Comparison **Review Status:** Approved 04/28/2008

Comments:

Attachment:

Side-By-Side Comparison - Blanket Additional Insured.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 #
Arch Insurance Group	1279

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Arch Insurance Company	MO	11150	43-0990710	

5. Company Tracking Number	ARCH-08-103
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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
Jason Graciolett, IRC 50 Broad St Suite 501 New York, NY 10004	Analyst	(212) 571-3989	(212) 571-2502	jasongraciolett@ircllc.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Jason Graciolett

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

9. Type of Insurance (TOI)	17.0 Other Liability - Claims Made/Occurrence
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)	Service Industry Program
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: Upon Approval Renewal: Upon Approval
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	4/21/2008
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 # ARCH-08-103

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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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

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 #	ARCH-08-103			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
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	Blanket Additional Insured Endorsement	00 GL0334 00 04 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	00 GL0334 00 03 07	
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		



ARCH INSURANCE COMPANY

LETTER OF FILING AUTHORIZATION

This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of Arch Insurance Company. This authorization extends to all correspondence regarding this filing.

Carol Kennedy

April 15, 2008

Name

Date

Vice President

Title

Arch Insurance Company

Company

Signature

(212) 651-9863

Telephone Number

**Re: Arch Insurance Company
NAIC Number: 1279-11150 FEIN: 43-0990710
Other Liability Form Revision Filing
Company File Number: ARCH-08-103**

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