

SERFF Tracking Number: CNAB-125604998 State: Arkansas  
First Filing Company: Continental Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: 08-F3107  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: Distributors Gen. Liability Endorsements  
Project Name/Number: Distributors Gen. Liability Endorsements/08-F3107

## Filing at a Glance

Companies: Continental Insurance Company, American Casualty Company of Reading PA, National Fire Insurance Company of Hartford, Transportation Insurance Company, Valley Forge Insurance Company, Continental Casualty Company

Product Name: Distributors Gen. Liability Endorsements SERFF Tr Num: CNAB-125604998 State: Arkansas

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: 08-F3107

State Status: Fees verified and received

Filing Type: Form

Co Status:

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

Author: Mercy Marasigan

Disposition Date: 05/23/2008

Date Submitted: 04/11/2008

Disposition Status: Approved

Effective Date Requested (New): 06/01/2008

Effective Date (New):

Effective Date Requested (Renewal): 06/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Distributors Gen. Liability Endorsements

Status of Filing in Domicile: Pending

Project Number: 08-F3107

Domicile Status Comments: Pending review by the Dept. of Insurance.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 05/23/2008

State Status Changed: 05/23/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing Distributors General Liability Endorsement, G-300639-A and associated forms for use with the ISO

Commercial General

Liability Coverage Part, CG 00 01.

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The description and/or purpose of these endorsements are contained in the EXPLANATORY MEMORANDUM. These endorsements are optional and have no rate impact.

We respectfully request approval of this filing to applicable to all policies written on and after June 1, 2008.

## Company and Contact

### Filing Contact Information

Mercy A. Marasigan, State Filing Analyst mercedes.marasigan@cna.com  
 333 S. Wabash (312) 822-6609 [Phone]  
 Chicago, IL 60685 (312) 755-2394[FAX]

### Filing Company Information

Continental Insurance Company	CoCode: 35289	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance	State ID Number:
Chicago, IL 60604	Companies	
(312) 822-4292 ext. [Phone]	FEIN Number: 13-5010440	
	-----	

American Casualty Company of Reading PA	CoCode: 20427	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance	State ID Number:
Chicago, IL 60604	Companies	
(312) 822-4292 ext. [Phone]	FEIN Number: 23-0342560	
	-----	

National Fire Insurance Company of Hartford	CoCode: 20478	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and Casualty

37th Floor	Group Name: CNA Insurance	State ID Number:
Chicago, IL 60604		

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Companies

(312) 822-4292 ext. [Phone] FEIN Number: 06-0464510  
-----  
Transportation Insurance Company CoCode: 20494 State of Domicile: Illinois  
333 South Wabash Group Code: 218 Company Type: Property and  
Casualty  
37th Floor  
Chicago, IL 60604 Group Name: CNA Insurance State ID Number:  
Companies  
(312) 822-4292 ext. [Phone] FEIN Number: 36-1877247  
-----  
Valley Forge Insurance Company CoCode: 20508 State of Domicile: Pennsylvania  
333 South Wabash Group Code: 218 Company Type: Property and  
Casualty  
37th Floor  
Chicago, IL 60604 Group Name: CNA Insurance State ID Number:  
Companies  
(312) 822-4292 ext. [Phone] FEIN Number: 23-1620527  
-----  
Continental Casualty Company CoCode: 20443 State of Domicile: Illinois  
333 South Wabash Group Code: 218 Company Type: Property and  
Casualty  
Chicago , IL 60604 Group Name: CNA Insurance State ID Number:  
Companies  
(312) 822-4292 ext. [Phone] FEIN Number: 36-2114545  
-----

*SERFF Tracking Number:* CNAB-125604998      *State:* Arkansas  
*First Filing Company:* Continental Insurance Company, ...      *State Tracking Number:* EFT \$50  
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*Project Name/Number:* Distributors Gen. Liability Endorsements/08-F3107

## Filing Fees

Fee Required?      Yes  
 Fee Amount:      \$50.00  
 Retaliatory?      No  
 Fee Explanation:      \$50.00 per group  
 Per Company:      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Insurance Company	\$50.00	04/11/2008	19476052
American Casualty Company of Reading PA	\$0.00	04/11/2008	
National Fire Insurance Company of Hartford	\$0.00	04/11/2008	
Transportation Insurance Company	\$0.00	04/11/2008	
Valley Forge Insurance Company	\$0.00	04/11/2008	
Continental Casualty Company	\$0.00	04/11/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	05/23/2008	05/23/2008

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Project Name/Number: Distributors Gen. Liability Endorsements/08-F3107

## Disposition

Disposition Date: 05/23/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter & Exp. Memo	Approved	Yes
Form	Distributors Gen. Liability End	Approved	Yes
Form	Limitation - Newly Acquired or Formed Organizations	Approved	Yes
Form	Exclusion - Designated Org	Approved	Yes

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Distributors Gen. Liability End	G-300639-02-2008 A	2008	Endorsement/Amendment/Conditions	New	0.00	G-300639-A Distributors Gen. Liab. End.pdf
Approved	Limitation - Newly Acquired or Formed Organizations	G-300640-02-2008 A	2008	Endorsement/Amendment/Conditions	New	0.00	G-300640-A Limitation - Newly Acquired or Formed Organization s.pdf
Approved	Exclusion - Designated Org	G-300641-02-2008 A	2008	Endorsement/Amendment/Conditions	New	0.00	G-300641-A Exclusion - Designated Organization s.pdf



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**DISTRIBUTORS GENERAL LIABILITY ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

Coverage afforded under this extension of coverage endorsement does not apply to any person or organization covered as an additional insured on any other endorsement now or hereafter attached to this Coverage Part.

**I. BROADENED NAMED INSURED**

Any organization, other than a partnership or joint venture, over which a Named Insured shown in the Declarations maintained an ownership interest of more than 50% on the effective date of the policy will qualify as a Named Insured if there is no other similar insurance available to that organization. Any such organization will cease to qualify as a Named Insured as of the date during the policy period when a Named Insured shown in the Declarations no longer maintains an ownership interest of more than 50% in the organization.

This provision I. does not apply to any organization for which coverage is excluded by endorsement.

**II. NEWLY FORMED OR ACQUIRED ORGANIZATIONS**

**A.** Paragraph 3. of **SECTION II – WHO IS AN INSURED** is deleted and replaced by the following:

**3.** Any organization you newly acquire or form, other than a partnership or joint venture, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:

- a.** Coverage under this provision is afforded only until the end of the policy period or the next anniversary of this policy's effective date after you acquire or form the organization, whichever is earlier;
- b.** Coverage **A** does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and
- c.** Coverage **B** does not apply to "personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

**B.** The last paragraph of **SECTION II – WHO IS AN INSURED** is deleted and replaced by the following:

Except as provided in Paragraph 3. above, provision I. of the Distributors General Liability Endorsement, or by the attachment of another endorsement (if any), no person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

This provision II. does not apply to any organization for which coverage is excluded by endorsement.

**III. ADDITIONAL INSURED – “YOUR WORK”**

**A. SECTION II – WHO IS AN INSURED** is amended to include as an insured any person or organization whom you are required under a written contract or written agreement to add as an additional insured on this policy, but only if the written contract or written agreement:

- 1.** Is in effect or becomes effective during the term of this policy; and
- 2.** Was executed prior to:
  - a.** The “occurrence” that caused the "bodily injury" or "property damage"; or
  - b.** The offense that caused the "personal and advertising injury".

B. The insurance provided to the additional insured is limited as follows:

1. That person or organization for whom you do work is an additional insured solely for liability due to your negligence specifically resulting from "your work" for the additional insured which is the subject of the written contract or written agreement. No coverage applies to liability resulting from the sole negligence of the additional insured.
2. The Limits of Insurance applicable to the additional insured are those specified in the written contract or written agreement or in the Declarations of this policy, whichever is less. These Limits of Insurance are inclusive of, and not in addition to, the Limits of Insurance shown in the Declarations.
3. The coverage provided to the additional insured does not apply to "bodily injury" or "property damage" arising out of the "products-completed operations hazard" unless:
  - a. It is required by the written contract or written agreement; and
  - b. "Bodily injury" or "property damage" included within the "products-completed operations hazard" is not excluded either by the provisions of the Coverage Part or by endorsement.
4. The insurance provided to the additional insured does not apply to "bodily injury," "property damage," or "personal and advertising injury" arising out of the rendering or failure to render any professional services.
5. As respects the coverage provided under this provision III., Paragraph 4.b. **SECTION IV – COMMERCIAL GENERAL LIABILITY**

**CONDITIONS** is deleted and replaced with the following:

#### 4. Other Insurance

##### b. Excess Insurance

This insurance is excess over:

Any other insurance naming the additional insured as an insured whether primary, excess, contingent or on any other basis unless a written contract or agreement specifically requires that this insurance be either primary or primary and noncontributing. Where required by written contract or agreement, we will consider any other insurance maintained by the additional insured for injury or damage covered by this endorsement to be excess and noncontributing with this insurance.

#### IV. BLANKET WAIVER OF SUBROGATION

The **Transfer Of Rights Of Recovery Against Others To Us** Condition (**SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**) is amended by the addition of the following:

We waive any right of recovery we may have against any person or organization because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard." This waiver applies only when you have agreed to do so in a written contract or agreement, but only if the written contract or written agreement:

1. Is in effect or becomes effective during the term of this policy; and
2. Was executed prior to loss.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**  
**LIMITATION – NEWLY ACQUIRED OR FORMED ORGANIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

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Paragraph 3. of **Section II – Who Is An Insured** and any endorsements thereof do not apply to the organizations designated in the Schedule.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**EXCLUSION – DESIGNATED ORGANIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name of Organizations:**

@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@@

Any organization designated in the Schedule does not qualify as a Named Insured.

*SERFF Tracking Number:* CNAB-125604998      *State:* Arkansas  
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*Project Name/Number:* Distributors Gen. Liability Endorsements/08-F3107

## **Rate Information**

Rate data does NOT apply to filing.

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Product Name: Distributors Gen. Liability Endorsements  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 05/23/2008

**Comments:**  
P & C Transmittal Document and Form Filing Schedule attached

**Attachments:**  
AR08-F3107 P & C Trans. Doc.pdf  
08-F3107 FF Schedule.pdf

**Satisfied -Name:** Cover Letter & Exp. Memo **Review Status:** Approved 05/23/2008

**Comments:**  
Cover Letter & Explanatory Memorandum attached

**Attachments:**  
AR08-F3107 Cover Letter.pdf  
08-F3107 EXP. MEMO.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>
	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

<b>3. Group Name</b>	<b>Group NAIC #</b>
CNA	218

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Continental Casualty Company	IL	20443	36-2114545	
National Fire Insurance Company of Hartford	IL	20478	06-0464510	
American Casualty Company of Reading, Pa	PA	20427	23-0342560	
Transportation Insurance Company	IL	20494	36-1877247	
Valley Forge Insurance Company	PA	20508	23-1620527	
The Continental Insurance Company	PA	35289	13-5010440	

<b>5. Company Tracking Number</b>	<b>08-F3107</b>
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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
	Mercy A. Marasigan	State Filing Analyst	(312) 822-6609	(312) 755-2394	mercedes.marasigan@cna.com
	333 S. Wabash Ave. Chicago, IL 60604				
7.	Signature of authorized filer		<i>Mercy A. Marasigan</i>		
8.	Please print name of authorized filer		Mercy A. Marasigan		

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

<b>9. Type of Insurance (TOI)</b>	17.000 Other Liability
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0001 Commercial General Liability
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	
<b>12. Company Program Title</b> (Marketing title)	General Liability
<b>13. Filing Type</b>	<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)
<b>14. Effective Date(s) Requested</b>	New: Written 6/1/08                      Renewal: Written 6/1/08
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

**Property & Casualty Transmittal Document—**

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	08-F3107
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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**1. G-300639-A DISTRIBUTORS GENERAL LIABILITY ENDORSEMENT**

This form provides 4 coverage extensions to meet the needs of insureds in the Wholesale Distribution industry.

**1. Provision I. BROADENED NAMED INSURED** allows for Named Insured status for organizations (other than joint ventures or partnerships) that are not shown in the Declarations which more than 50% owned by a Named Insured as of the inception date of the policy.

**2. Provision II. NEWLY FORMED OR ACQUIRED ORGANIZATIONS** allows for coverage for newly acquired or formed organizations (other than joint ventures or partnerships) from the date of formation or acquisition until the end of the policy period. Basic CGL does not allow such coverage for limited liability companies only for maximum of 90 days.

**3. Provision III. ADDITIONAL INSURED – “YOUR WORK”** allows additional insured status for ant person(s) or organization(s) the named insured does work for and is required to provide additional insured status under a written contract or written agreement.

**4. Provision IV. BLANKET WAIVER OF SUBGROGATION** waives any right of recovery we may have against any person or organization because of payments we make for injury or damage arising out of our Named Insured’s ongoing operations or our Named Insured’s work done under a contract with that person or organization and included in the “products-completed operations hazard”- where the Named Insured agreed to do so in a written contract or agreement that is in effect or becomes effective during the term of the policy; and was executed prior to loss.

There is no premium charge for this endorsement.

**2. G-300640-A LIMITATION - NEWLY ACQUIRED OR FORMED ORGANIZATION**

This endorsement allows for the limitation of newly acquired or forms organizations under the CGL.

**3. G-300641-A EXCLUSION – DESIGNATED ORGANIZATIONS**

This endorsement allows for the exclusion of specific organizations controlled by the Named Insured that are insured elsewhere.

<b>22.</b>	<b>Filing Fees</b> (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]
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**Check #:** EFT

**Amount:** \$50.00

**Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.**

Effective March 1, 2007

**\*\*\*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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>08-F3107</b>			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	<b>N/A</b>			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include Edition Date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Distributors General Liability Endorsement	G-300639-A (Ed. 02/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Limitation – Newly Acquired or Formed Organizations	G-300640-A (Ed. 02/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Exclusion – Designated Organizations	G-300641-A (Ed. 02/08)	<input checked="" 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		



CNA Plaza Chicago IL 60685-0001

**April 10, 2008**

**Mercy A. Marasigan**

State Filing Analyst  
Commercial Lines/37S

Telephone 312-822-6609  
Facsimile 312-755-2394  
mercedes.marasigan@cna.com

Honorable Julie Benafiled Bowman  
Insurance Commissioner  
1200 West Third Street  
Little Rock, AR 72201 - 1904

Attn.: Compliance/Property & Cas.

Re: Commercial General Liability Program (ID#08-F3107)  
**FORM FILING**  
**G-300639-A DISTRIBUTORS GEN. LIABILITY ENDORSEMENT**  
**G-300640-A LIMITATION – NEWLY ACQUIRED OR FORMED**  
**ORGANIZATIONS**  
**G-300641-A EXCLUSION – DESIGNATED ORGANIZATIONS**  
CONTINENTAL CASUALTY COMPANY 218-20443  
NATIONAL FIRE INSURANCE COMPANY OF HARTFORD 218-20478  
AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA 218-20427  
TRANSPORTATION INSURANCE COMPANY 218-20494  
VALLEY FORGE INSURANCE COMPANY 218-20508  
THE CONTINENTAL INSURANCE COMPANY 218-35289

Dear Commissioner:

The above named companies submit the captioned new endorsements for use with the ISO Commercial General Liability Coverage Part, CG 00 01.

The description and/or purpose of these endorsements are reflected in the EXPLANATORY MEMORANDUM. These endorsements are optional and have no rate impact.

Should you need any additional information regarding this filing, please feel free to call Charlie Lord, III at (312) 822-6161.

We respectfully request approval of this filing to be applicable to all policies written on and after June 1, 2008.

Very truly yours,

*Mercy A. Marasigan*

## EXPLANATORY MEMORANDUM

ID#08-F3107

### **1. G-300639-A DISTRIBUTORS GENERAL LIABILITY ENDORSEMENT**

This form provides 4 coverage extensions to meet the needs of insureds in the Wholesale Distribution industry.

1. Provision I. **BROADENED NAMED INSURED** allows for Named Insured status for organizations (other than joint ventures or partnerships) that are not shown in the Declarations which more than 50% owned by a Named Insured as of the inception date of the policy.
2. Provision II. **NEWLY FORMED OR ACQUIRED ORGANIZATIONS** allows for coverage for newly acquired or formed organizations (other than joint ventures or partnerships) from the date of formation or acquisition until the end of the policy period. Basic CGL does not allow such coverage for limited liability companies only for maximum of 90 days.
3. Provision III. **ADDITIONAL INSURED – “YOUR WORK”** allows additional insured status for ant person(s) or organization(s) the named insured does work for and is required to provide additional insured status under a written contract or written agreement.
4. Provision IV. **BLANKET WAIVER OF SUBGROGATION** waives any right of recovery we may have against any person or organization because of payments we make for injury or damage arising out of our Named Insured’s ongoing operations or our Named Insured’s work done under a contract with that person or organization and included in the “products-completed operations hazard”- where the Named Insured agreed to do so in a written contract or agreement that is in effect or becomes effective during the term of the policy; and was executed prior to loss.

There is no premium charge for this endorsement.

### **2. G-300640-A LIMITATION - NEWLY ACQUIRED OR FORMED ORGANIZATIONS**

This endorsement allows for the limitation of newly acquired or forms organizations under the CGL.

### **3. G-300641-A EXCLUSION – DESIGNATED ORGANIZATIONS**

This endorsement allows for the exclusion of specific organizations controlled by the Named Insured that are insured elsewhere.