

SERFF Tracking Number: REGU-125634992 State: Arkansas
Filing Company: Axis Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-AR-FIS-08
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: AXIS FIS PL Multi-Program Forms
Project Name/Number: /

Filing at a Glance

Company: Axis Insurance Company
Product Name: AXIS FIS PL Multi-Program Forms SERFF Tr Num: REGU-125634992 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: AIC-AR-FIS-08 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
Author: Jason Graciolett Disposition Date: 05/13/2008
Date Submitted: 05/06/2008 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:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 05/13/2008
State Status Changed: 05/13/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
AXIS Insurance Company is submitting independent endorsements for use with various Professional Liability policies. These endorsements are designed to be used with the policy forms previously filed by the company for various professional liability programs. Also attached is a forms index which describes each filed endorsement and indicates the policy form(s) to which the endorsement is applicable.

SERFF Tracking Number: REGU-125634992 State: Arkansas
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There is no overall rating impact anticipated from the use of these endorsements. As necessary, the pricing of individual accounts (to reflect endorsement usage) will be adjusted via appropriate selection of applicable pricing factors contained in the previously submitted rating plans for these programs.

The following items are enclosed for your review:

1. State Required Filing Forms
2. Explanatory Memorandum
3. Forms Index
4. Independent Forms

We ask that this filing become effective for all policies effective upon approval.

Company and Contact

Filing Contact Information

(This filing was made by a third party - insuranceregulatoryconsultantsllc)

Jason Graciolett, Analyst jasongraciolett@ircllc.com
 50 Broad Street (212) 571-3989 [Phone]
 New York, NY 10004

Filing Company Information

Axis Insurance Company	CoCode: 37273	State of Domicile: Illinois
50 Broad Street	Group Code: 3416	Company Type:
Suite 501		
New York, NY 10004	Group Name:	State ID Number:
(212) 571-3989 ext. [Phone]	FEIN Number: 39-1338397	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	AR is \$50 per forms filing.

SERFF Tracking Number: *REGU-125634992* *State:* *Arkansas*
Filing Company: *Axis Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-AR-FIS-08*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *AXIS FIS PL Multi-Program Forms*
Project Name/Number: */*
Per Company: **No**

SERFF Tracking Number: REGU-125634992 State: Arkansas
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Axis Insurance Company	\$50.00	05/06/2008	20116815

SERFF Tracking Number: REGU-125634992 State: Arkansas
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TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	05/13/2008	05/13/2008

SERFF Tracking Number: REGU-125634992 State: Arkansas
Filing Company: Axis Insurance Company State Tracking Number: EFT \$50
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TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: AXIS FIS PL Multi-Program Forms
Project Name/Number: /

Disposition

Disposition Date: 05/13/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: REGU-125634992 State: Arkansas
 Filing Company: Axis Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AIC-AR-FIS-08
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: AXIS FIS PL Multi-Program Forms
 Project Name/Number: /

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	Explanatory Memorandum	Approved	Yes
Form	AMEND DEFENSE AND SETTLEMENT ENDORSEMENT	Approved	Yes
Form	AMEND DEFENSE AND SETTLEMENT ENDORSEMENT	Approved	Yes
Form	JOINT VENTURE ENDORSEMENT	Approved	Yes
Form	AMEND OTHER INSURANCE CLAUSE ENDORSEMENT	Approved	Yes
Form	AMEND DEFINITION OF PLAN ENDORSEMENT	Approved	Yes
Form	AMEND SUBROGATION PROVISION ENDORSEMENT	Approved	Yes
Form	INSURED PAYMENT ENDORSEMENT	Approved	Yes
Form	NOT FOLLOW PRIMARY ENDORSEMENT	Approved	Yes

SERFF Tracking Number: REGU-125634992 State: Arkansas
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 Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	AMEND DEFENSE AND SETTLEMENT ENDORSEMENT	EP 1034 (Ed. 1007)	Ed. 1007	Endorsement/Amendment/Conditions	New	0.00	EP1034-1007 Amend Defense and Settlement Endorsement.pdf
Approved	AMEND DEFENSE AND SETTLEMENT ENDORSEMENT	EP 1035 (Ed. 0308)	Ed. 0308	Endorsement/Amendment/Conditions	New	0.00	EP1035-0308 Amend Defense and Settlement Endorsement.pdf
Approved	JOINT VENTURE ENDORSEMENT	EP 1036 (Ed. 0308)	Ed. 0308	Endorsement/Amendment/Conditions	New	0.00	EP1036-0308 Joint Venture.pdf
Approved	AMEND OTHER INSURANCE CLAUSE ENDORSEMENT	EP 1037 (Ed. 0308)	Ed. 0308	Endorsement/Amendment/Conditions	New	0.00	EP1037-0308 Amend Other Insurance Clause Endorsement.pdf
Approved	AMEND DEFINITION OF PLAN ENDORSEMENT	FL 1023 (Ed. 0408)	Ed. 0408	Endorsement/Amendment/Conditions	New	0.00	FL1023-0408 Amend Definition of Plan Endorsement.pdf
Approved	AMEND SUBROGATION PROVISION ENDORSEMENT	FL 1024 (Ed. 0408)	Ed. 0408	Endorsement/Amendment/Conditions	New	0.00	FL 1024-0408 Amend Subrogation Provision

SERFF Tracking Number: REGU-125634992 State: Arkansas
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 Product Name: AXIS FIS PL Multi-Program Forms
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							Endorsemen t.pdf
Approved	INSURED PAYMENT ENDORSEMENT	SE 1036 (Ed. 0208)	Ed. 0208	Endorseme New nt/Amendm ent/Condi ons	0.00		SE1036- 0208 Insured Payment Endorsemen t.pdf
Approved	NOT FOLLOW PRIMARY ENDORSEMENT	SE 1037 (Ed. 0308)	Ed. 0308	Endorseme New nt/Amendm ent/Condi ons	0.00		SE1037- 0308 Not Follow Primary Endorsemen t.pdf

Endorsement No. _____

Effective date of this endorsement: 12:01 a.m. on _____

To be attached to and form part of Policy Number: _____

Issued to: _____

By: _____

AMEND DEFENSE AND SETTLEMENT ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

EMPLOYMENT PRACTICES LIABILITY INSURANCE POLICY

In consideration of the premium charged, it is agreed that Section V. C., Defense and Settlement, of this Policy is deleted and amended to read as follows:

“C. Defense and Settlement

The Insurer shall have both the right and the duty to defend and appoint counsel with respect to any **Claim** made against the **Insureds** alleging a **Wrongful Act**, even if such **Claim** is groundless, false or fraudulent. The **Insureds** shall have the right, at their own expense, to associate with the Insurer in the defense of any **Claim**, including but not limited to negotiating a settlement. However, the Insurer shall not be obligated to defend any **Claim** after the Limit of Liability set forth in Item 3 in the Declarations has been exhausted or after the rejection of a settlement offer as described below.

The **Insureds** shall not settle any **Claim**, incur any **Defense Costs**, admit or assume any liability, stipulate to any judgment, or otherwise assume any contractual obligation, without the Insurer's prior written consent, which shall not be unreasonably withheld. The Insurer shall not be liable for any settlement, **Defense Costs**, assumed obligation, admission or stipulated judgment to which it has not consented or for which the **Insureds** are not legally obligated. The **Insureds** will provide the Insurer with all information, assistance and cooperation that the Insurer reasonably requests. The **Insureds** shall not knowingly take any action which increases the Insurer's exposure for **Loss** under this Policy. Notwithstanding the foregoing, the Insurer's consent shall not be required with respect to any **Claim**, if the total **Loss** (inclusive of **Defense Costs**) arising from such **Claim** is less than fifty (50) percent of the applicable Retention set forth in Item 4 in the Declarations.

If the Insurer recommends a settlement within the Policy's applicable Limit of Liability which is acceptable to the claimant (a “Proposed Settlement”) and the **Insureds** unreasonably refuse to consent, then the Insurer's liability for all **Loss**, including **Defense Costs**, on account of such **Claim** shall not exceed:

- (a) the amount of the Proposed Settlement plus **Defense Costs**, incurred up to the date of the **Insured's** refusal to consent to Proposed Settlement of such **Claim**; plus;
- (b) seventy (70) percent of any **Loss**, including **Defense Costs**, in excess of the amount referenced in paragraph (a) above, incurred in connection with such **Claim**; subject in all events to the available Limit of Liability set forth in the Declarations. The remaining thirty (30) percent of any **Loss**, including **Defense Costs**, in excess of the amount referenced in paragraph (a) above will be borne by the **Insured** uninsured and at its own risk.

However, in no event shall the Insurer's liability exceed the Limit of Liability set forth in Item 3 in the Declarations.”

All other provisions remain unchanged.

Authorized Representative

Date

Endorsement No. _____

Effective date of this endorsement: 12:01 a.m. on _____

To be attached to and form part of Policy Number: _____

Issued to: _____

By: _____

AMEND DEFENSE AND SETTLEMENT ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

EMPLOYMENT PRACTICES LIABILITY INSURANCE POLICY

In consideration of the premium charged, it is agreed that Section V. C., Defense and Settlement, of this Policy is deleted and amended to read as follows:

“C. Defense and Settlement

The Insurer shall have both the right and the duty to defend and appoint counsel with respect to any **Claim** made against the **Insureds** alleging a **Wrongful Act**, even if such **Claim** is groundless, false or fraudulent. The **Insureds** shall have the right, at their own expense, to associate with the Insurer in the defense of any **Claim**, including but not limited to negotiating a settlement. However, the Insurer shall not be obligated to defend any **Claim** after the Limit of Liability set forth in Item 3 in the Declarations has been exhausted or after the rejection of a settlement offer as described below.

The **Insureds** shall not settle any **Claim**, incur any **Defense Costs**, admit or assume any liability, stipulate to any judgment, or otherwise assume any contractual obligation, without the Insurer's prior written consent, which shall not be unreasonably withheld. The Insurer shall not be liable for any settlement, **Defense Costs**, assumed obligation, admission or stipulated judgment to which it has not consented or for which the **Insureds** are not legally obligated. The **Insureds** will provide the Insurer with all information, assistance and cooperation that the Insurer reasonably requests. The **Insureds** shall not knowingly take any action which increases the Insurer's exposure for **Loss** under this Policy. Notwithstanding the foregoing, the Insurer's consent shall not be required with respect to any **Claim**, if the total **Loss** (inclusive of **Defense Costs**) arising from such **Claim** is less than fifty (50) percent of the applicable Retention set forth in Item 4 in the Declarations.

If the Insurer recommends a settlement within the Policy's applicable Limit of Liability which is acceptable to the claimant (a “Proposed Settlement”) and the **Insureds** unreasonably refuse to consent, then the Insurer's liability for all **Loss**, including **Defense Costs**, on account of such **Claim** shall not exceed:

- (a) the amount of the Proposed Settlement plus **Defense Costs**, incurred up to the date of the **Insured's** refusal to consent to Proposed Settlement of such **Claim**; plus;
- (b) eighty (80) percent of any **Loss**, including **Defense Costs**, in excess of the amount referenced in paragraph (a) above, incurred in connection with such **Claim**; subject in all events to the available Limit of Liability set forth in the Declarations. The remaining twenty (20) percent of any **Loss**, including **Defense Costs**, in excess of the amount referenced in paragraph (a) above will be borne by the **Insured** uninsured and at its own risk.

However, in no event shall the Insurer's liability exceed the Limit of Liability set forth in Item 3 in the Declarations.”

All other provisions remain unchanged.

Authorized Representative

Date

Endorsement No. _____

Effective date of this endorsement: 12:01 a.m. on _____

To be attached to and form part of Policy Number: _____

Issued to: _____

By: _____

JOINT VENTURE ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

EMPLOYMENT PRACTICES LIABILITY INSURANCE POLICY

In consideration of the premium charged, it is agreed that Section III. DEFINITIONS, **Subsidiary** of this Policy is deleted and amended to read in its entirety as follows:

“U. **Subsidiary** means:

- A. any entity in which and so long as the **Parent Company**, either directly or indirectly:
 - 1. owns more than fifty (50) percent of the issued and outstanding voting equity securities; or
 - 2. controls voting rights representing the present right to vote for election or to appoint more than fifty (50) percent of the directors or trustees; or
- B. any joint venture in which and so long as the **Parent Company**, either directly or indirectly owns more than fifty (50) percent of the issued and outstanding voting stock of such corporation; or
- C. any joint venture in which an **Insured** owns exactly fifty (50) percent of the issued and outstanding voting stock if pursuant to a written agreement made with the owner(s) of the remaining issued and outstanding voting stock, the **Parent Company** entirely controls the management and operation of such joint venture;

on or before the effective date of this Policy, or after the effective date of this Policy if the entity is covered pursuant to Section VIII.A.1, solely with regard to **Wrongful Acts** occurring at or after the time such entity became a **Subsidiary**.”

All other provisions remain unchanged.

Authorized Representative

Date

Endorsement No. _____

Effective date of this endorsement: 12:01 a.m. on _____

To be attached to and form part of Policy Number: _____

Issued to: _____

By: _____

AMEND OTHER INSURANCE CLAUSE ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

EMPLOYMENT PRACTICES LIABILITY INSURANCE POLICY

In consideration of the premium charged, it is agreed that Section VIII. D. of this Policy is deleted and amended to read in its entirety as follows:

“D. Other Insurance

If any **Loss** arising from any **Third Party Claim**, is insured by any other policy(ies) of insurance, prior or current, then this Policy shall apply only in excess of and will not contribute with the amount of any deductibles, retentions and limits of liability under such other valid and collectible policy(ies) whether such policy(ies) is stated to be primary, contributory, excess, contingent or otherwise, unless such policy(ies) is written to be specifically excess of this Policy by reference in such other policy(ies) to this Policy's Policy Number indicated in the Declarations.

In all other events, this Policy is intended to provide primary insurance.”

All other provisions remain unchanged.

Authorized Representative

Date

Endorsement No. _____

Effective date of this endorsement: 12:01 a.m. on _____

To be attached to and form part of Policy Number: _____

Issued to: _____

By: _____

AMEND DEFINITION OF PLAN ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

FIDUCIARY LIABILITY INSURANCE POLICY

In consideration of the premium charged, it is agreed that Section III. DEFINITIONS Q. **Plan(s)**, 2. is deleted and amended to read in its entirety as follows:

- "2. a pension plan (whether or not qualified pursuant to the Internal Revenue Code), as defined in **ERISA**, (other than an **ESOP**) sponsored solely by the **Policyholder** or sponsored jointly by the **Policyholder** and a labor organization, solely for the benefit of the employees of the **Policyholder**, provided that prior to the inception date of this Policy, such plan has been reported in writing to the Insurer pursuant to the terms of the application for this Policy or pursuant to the terms of any prior policy issued by the Insurer or the application for such policy and provided that the **Policyholder** shall have paid any premium required for such plan;"

All other provisions remain unchanged.

Authorized Representative

Date

Endorsement No. _____

Effective date of this endorsement: 12:01 a.m. on _____

To be attached to and form part of Policy Number: _____

Issued to: _____

By: _____

AMEND SUBROGATION PROVISION ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

FIDUCIARY LIABILITY INSURANCE POLICY

In consideration the premium charged, it is agreed that Section VIII. GENERAL CONDITIONS, G. Subrogation of this Policy is deleted and replaced in its entirety by the following:

“G. Subrogation

In the event of any payment under this Policy, the Insurer shall be subrogated to the extent of such payment to all the **Insureds'** rights of recovery, and the **Insureds** shall execute all papers required and shall do everything necessary to secure and preserve such rights, including the execution of such documents necessary to enable the Insurer effectively to bring suit in the name of the **Insureds**. In no event, however, shall the Insurer exercise its rights of subrogation against an **Insured** under this Policy unless such **Insured** has been convicted of a criminal act; or has committed a deliberate fraudulent act, if a judgment or final adjudication or an alternative dispute resolution proceeding adverse to the **Insured** establishes that such deliberate fraudulent act was committed; or has obtained any profit or advantage to which a judgment or final adjudication or an alternative dispute resolution proceeding adverse to the **Insured** establishes the **Insured** was not legally entitled.”

All other provisions remain unchanged.

Authorized Representative

Date

Endorsement No. _____

Effective date of this endorsement: 12:01 a.m. on _____

To be attached to and form part of Policy Number: _____

Issued to: _____

By: _____

INSURED PAYMENT ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

SECUREXCESS POLICY

In consideration of the premium charged, it is agreed that the second paragraph of Section I., INSURING AGREEMENT, of this Policy is deleted and amended to read in its entirety as follows:

The insurance afforded under this Policy shall apply only after the **Underlying Insurers** and/or the **Insureds** or the **Policyholder** shall have paid, in currency of legal tender, the full amount of the **Underlying Limits** for covered loss under the **Underlying Insurance** and the **Policyholder** or the **Insureds** shall have paid the full amount of the applicable retention amount under any **Underlying Insurance**.

In no way shall such payment by the **Insureds** constitute a waiver of any terms, conditions or exclusion of the **Underlying Insurance** or this Policy and nothing herein shall affect the **Insurer's** rights under this Policy to adjust, investigate or deny claims or to otherwise reserve its rights under this Policy with respect to any **Claim** under any Insuring Agreement.

All other provisions remain unchanged.

Authorized Representative

Date

Endorsement No. _____

Effective date of this endorsement: 12:01 a.m. on _____

To be attached to and form part of Policy Number: _____

Issued to: _____

By: _____

NOT FOLLOW PRIMARY ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

SECUREXCESS POLICY

In consideration of the premium charged, it is agreed that:

1. Coverage under this Policy shall not follow the terms and conditions of or provide coverage excess of Endorsement(s) No(s). <NUMBERS> of the **Primary Policy**. Furthermore, if Endorsement(s) No.(s) <NUMBERS> contain a sublimit(s) of liability, the **Insurer** shall not drop down as excess of the sublimit of liability set forth in Endorsement(s) No(s). <NUMBERS> of the **Primary Policy**.
2. However, solely for the purposes of determining when this Policy attaches, the **Insurer** shall recognize the dilution of limit of liability of the **Primary Policy** as a result of coverage provided under Endorsement(s) No(s). <NUMBERS> of the **Primary Policy**.

All other provisions remain unchanged.

Authorized Representative

Date

SERFF Tracking Number: *REGU-125634992* *State:* *Arkansas*
Filing Company: *Axis Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-AR-FIS-08*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *AXIS FIS PL Multi-Program Forms*
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: REGU-125634992 State: Arkansas
Filing Company: Axis Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AIC-AR-FIS-08
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: AXIS FIS PL Multi-Program Forms
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 05/13/2008

Comments:

Attachment:

AR - NAIC.pdf

Satisfied -Name: Filing Authorization **Review Status:** Approved 05/13/2008

Comments:

Attachment:

Second AIC Multi-Program Endorsement Authorization Letter.pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 05/13/2008

Comments:

Attachment:

FIS Second Periodic AIC Multiple Programs Endorsements Filing Expl Memo.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
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3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

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

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #

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

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 #:
Amount:

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 #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<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		

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.)

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

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)						
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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)

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

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

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



April 22, 2008

Re: AXIS Insurance Company
NAIC Number 3416-37273, FEIN 39-1338397

To Whom It May Concern:

Insurance Regulatory Consultants, LLC (IRC) is hereby authorized to submit rate, rule, and form filings on behalf of **AXIS Insurance Company**. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed to be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Insurance Regulatory Consultants at the following address:

Insurance Regulatory Consultants, LLC (IRC)
50 Broad Street, Suite 501
New York, NY 10004
(212) 571-3989
(212) 571-2502 (fax)

Please contact me if you have any questions regarding this authorization.

Sincerely,

A handwritten signature in cursive script that reads "R. Kreis".

Roseanna Kreis
Regulatory Filing Analyst
Telephone 678-746-9402
Fax 678-746-9317
Roseanna.kreis@axiscapital.com

AXIS INSURANCE COMPANY

EXPLANATORY MEMORANDUM

Professional Liability Endorsements

With this filing, AXIS Insurance Company is submitting independently developed endorsements prepared for use with its various previously filed Professional Liability policies.

The endorsement numbering prefix protocol corresponds with the policy form to which the endorsement will be used as follows (**Endorsements applicable to all policy types may not be included in this filing**):

- DO – Directors & Officers Liability
- EP – Employment Practices Liability
- FL - Fiduciary Liability
- NP – Not For Profit Organization Liability
- PV – Privatus Program
- SE - SecurExcess
- MU – Multiple-Use (with more than one of the above policy forms)

The enclosed exhibit describes the endorsements by policy type, and indicates the policy forms to which each of the specific multiple-use endorsements apply.

There is no overall rating impact anticipated from the use of these endorsements. As necessary, the pricing of individual accounts (to reflect endorsement usage) will be adjusted via appropriate selection of applicable pricing factors contained in the previously submitted rating plans for these programs.