

SERFF Tracking Number: WESA-125632182 State: Arkansas
Filing Company: Allied World National Assurance Company State Tracking Number: #29116 \$50
Company Tracking Number: EXDO-2008-004
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0020 Commercial Umbrella & Excess
Product Name: Excess Directors and Officers Liability Program
Project Name/Number: Excess Directors and Officers Liability Program/EXDO-2008-004

Filing at a Glance

Company: Allied World National Assurance Company

Product Name: Excess Directors and Officers SERFF Tr Num: WESA-125632182 State: Arkansas

Liability Program

TOI: 17.0 Other Liability - Claims
Made/Occurrence

SERFF Status: Closed

State Tr Num: #29116 \$50

Sub-TOI: 17.0020 Commercial Umbrella &
Excess

Co Tr Num: EXDO-2008-004

State Status: Fees verified and
received

Filing Type: Form

Co Status:

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

Author: Westmont Associates

Disposition Date: 05/13/2008

Date Submitted: 05/02/2008

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: Excess Directors and Officers Liability Program

Status of Filing in Domicile: Pending

Project Number: EXDO-2008-004

Domicile Status Comments: Recently Filed

Reference Organization: None

Reference Number: None

Reference Title: n/a

Advisory Org. Circular: n/a

Filing Status Changed: 05/13/2008

State Status Changed: 05/13/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Excess Directors and Officers Liability Insurance Program Form Submission.

Company and Contact

Filing Contact Information

SERFF Tracking Number: WESA-125632182 State: Arkansas
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Product Name: Excess Directors and Officers Liability Program
Project Name/Number: Excess Directors and Officers Liability Program/EXDO-2008-004

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

Meghan Slenkamp, Analyst meghans@westmontlaw.com
25 Chestnut Street (856) 216-0220 [Phone]
Haddonfield, NJ 08033

Filing Company Information

Allied World National Assurance Company CoCode: 10690 State of Domicile: New Hampshire
100 Summer Street Group Code: Company Type:
Boston, MA 02110 Group Name: State ID Number:
(617) 330-8451 ext. [Phone] FEIN Number: 02-0493244

SERFF Tracking Number: WESA-125632182 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 filing fee
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allied World National Assurance Company	\$0.00	05/02/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
29116	\$50.00	05/01/2008

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Correspondence Summary

Dispositions

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

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Disposition

Disposition Date: 05/13/2008

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	Cover Letter	Approved	Yes
Supporting Document	Form Listing	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Form	Amend Policy to Provide Excess and "Difference in Conditions" Coverage for "Non-Indemnified Loss" Only	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Amend Policy to Provide Excess and "Difference in Conditions" Coverage for "Non-Indemnified Loss" Only	DO 00036 00	09 07	Endorsement/Amendment/Conditions		0.00	DO 00036 OO - DIC End doc (2) (3).pdf

Endorsement No.:
This endorsement, effective:
(at 12:01 a.m. Standard Time at the address of the Named Insured as shown in Item 1 of the Declarations)
Forms a part of Policy No.:
Issued to:
By:

**AMEND POLICY TO PROVIDE EXCESS AND “DIFFERENCE IN CONDITIONS”
COVERAGE FOR “NON-INDEMNIFIED LOSS” ONLY**

It is understood and agreed that the Declarations and the Policy are amended as follows:

I. The following ITEM is added to the Declarations:

ITEM 9: Followed Policy:

Issued By:
Policy Number:
Limit of Liability:
Policy Period:

(12:01 a.m. Standard Time at the address stated in Item 1)

II. The following clause is added to the Policy:

FOLLOW FORM AND “DIFFERENCE IN CONDITIONS” CLAUSE

Notwithstanding any other provision of the Declarations or this Policy to the contrary, this Policy: (i) shall follow the terms and conditions of the Followed Policy, instead of the terms and conditions of the Primary Policy; and (ii) shall not provide coverage broader than that provided by the Followed Policy or any Underlying Policy that follows the Followed Policy, including any policy issued by any participating quota share insurer, unless such broader coverage is specifically agreed to by the Insurer herein or in a written endorsement attached hereto.

Notwithstanding any other provision of this Policy to the contrary, when a DIC Event has occurred, this Policy shall, subject to its terms, conditions and exclusions and the terms, conditions and exclusions of the Followed Policy, drop down to the same extent as the Followed Policy and any Underlying Policy that follows the Followed Policy and will pay Loss on behalf of the Insured(s) up to the Limit of Liability stated in Item 3 of the Declarations. This Policy will remain excess of the limits of liability of the Followed Policy and any Underlying Policy that follows the Followed Policy which contains terms and conditions with respect to dropping down due to a DIC Event.

In addition to any right of subrogation existing under the terms and conditions of the Followed Policy and any Underlying Policy that follows the Followed Policy or at law, in equity or otherwise, and in the event a DIC Event results in payment by the Insurer at a level that is below the attachment point stated in Item 3 of the Declarations, the Insurer shall be subrogated to the extent of such payment to all of the Named Insured's and the Insured(s)' rights of

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Cover Letter	Review Status: Approved	05/13/2008
Comments: Attached is the Cover Letter.		
Attachment: Cover Letter.pdf		
Satisfied -Name: Form Listing	Review Status: Approved	05/13/2008
Comments: Attached is the Company's Form Listing for this submission.		
Attachment: Form Listing.pdf		
Satisfied -Name: Letter of Authorization	Review Status: Approved	05/13/2008
Comments: Attached is the Letter of Authorization.		
Attachment: Allied World National Assurance L.O.A..pdf		



**WESTMONT
ASSOCIATES, INC.**

May 1, 2008

Commissioner of Insurance
Department of Insurance
Property and Casualty Division
Forms Review

Attn: Property and Casualty Division

**RE: Allied World National Assurance Company
NAIC #: 10690 / FEIN #: 02-0493244
Excess Directors and Officers Liability Program
Effective Date: Upon Approval/or Acknowledgement
Filing Number: EXDO-2008-004**

To Whom It May Concern:

Enclosed please find attached Allied World National Assurance Company's ("AWNAC") Director's and Officers Excess Liability Program for your review and approval. A letter permitting Westmont Associates, Inc. to submit this filing on AWNAC's behalf is enclosed.

The Company is submitting for your review and approval its Amend Policy to Provide Excess and "Difference in Conditions" Coverage for "Non-Indemnified Loss" Only form (DO 00036 00 (09/07). Please be advised that this form should be used with the Company's Director's and Officers Excess Liability Program.

The Company's rates to be used with this endorsement have been previously filed and approved in your jurisdiction.

Your approval and/or acknowledgement of this submission is respectfully requested. Enclosed please find a self-addressed stamped envelope for your convenience in returning the duplicate copy of this filing, evidencing your approval and/or acknowledgment.

Respectfully submitted,
Meghan Slenkamp
Meghan Slenkamp
Analyst
meghans@westmontlaw.com

Enclosures

cc: N. Stepanski – Westmont
J. Wilkens - AWNAC

ALLIED WORLD NATIONAL ASSURANCE COMPANY -
FORM LISTING

<u>Form Number</u>	<u>Form Name</u>
DO 00036 00 (09/07)	Amend Policy to Provide Excess and "Difference in Conditions" Coverage for "Non-Indemnified Loss" Only



January 1, 2008

RE: Allied World National Assurance Company
NAIC #: 10690
FEIN #: 02-0493244
Letter of Authorization
Filing of Forms, Rates and Rules

To Whom It May Concern:

In accordance with the applicable statutes and regulations of your state, Nancy Stepanski, Wesley Pohler, Jennifer Waldron and Westmont Associates, Inc. are hereby authorized to file form, rate and rule filings on behalf of the Company.

Sincerely,

A handwritten signature in black ink that reads 'John R. Wilkens'. The signature is written in a cursive style with a large initial 'J'.

John R. Wilkens
AVP - Senior Regulatory & Compliance Specialist