

SERFF Tracking Number: ACEH-125698333 State: Arkansas  
 First Filing Company: ACE American Insurance Company, ... State Tracking Number: EFT \$50  
 Company Tracking Number: 08-CA-2007726  
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
 Product Name: 08-CA-2007726  
 Project Name/Number: Endorsement Concerning Notice To ESIS, Inc./08-CA-2007716

## Filing at a Glance

Companies: ACE American Insurance Company, ACE Fire Underwriters Insurance Company, ACE Indemnity Insurance Company, ACE Property & Casualty Insurance Company, Bankers Standard Fire & Marine Company, Bankers Standard Insurance Company, Indemnity Insurance Company of North America, Insurance Company of North America, Pacific Employers Insurance Company

Product Name: 08-CA-2007726	SERFF Tr Num: ACEH-125698333	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 20.0001 Business Auto	Co Tr Num: 08-CA-2007726	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Authors: Ginny Boyles, Viola McBride	Disposition Date: 06/18/2008
	Date Submitted: 06/18/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 06/18/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal): 06/18/2008

State Filing Description:

## General Information

Project Name: Endorsement Concerning Notice To ESIS, Inc.	Status of Filing in Domicile: Authorized
Project Number: 08-CA-2007716	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 06/18/2008	
State Status Changed: 06/18/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

We are filing this endorsement at the request of our insureds that use ESIS to administer their claims. The endorsement clarifies the policy concerning Notice Of Loss and states that notice to ESIS will satisfy notice to ACE under the policy to which the endorsement is attached. The endorsement will be mandatory for all of our insureds that have contracted with

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ESIS to administer their claims. There is no premium charge for this endorsement.

## Company and Contact

### Filing Contact Information

Viola McBride, Filing Technician  
436 Walnut Street  
Philadelphia, PA 19106  
viola.mcbride@ace-ina.com  
(215) 640-5238 [Phone]  
(215) 640-4986[FAX]

### Filing Company Information

ACE American Insurance Company  
PO Box 1000  
436 Walnut Street  
Philadelphia, PA 19106  
(215) 640-5123 ext. [Phone]

CoCode: 22667  
Group Code: 626  
State of Domicile: Pennsylvania  
Company Type:  
Group Name:  
State ID Number:  
FEIN Number: 95-2371728  
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ACE Fire Underwriters Insurance Company  
PO Box 1000  
436 Walnut Street  
Philadelphia, PA 19106  
(215) 640-5123 ext. [Phone]

CoCode: 20702  
Group Code: 626  
State of Domicile: Pennsylvania  
Company Type:  
Group Name:  
State ID Number:  
FEIN Number: 06-6032187  
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ACE Indemnity Insurance Company  
PO Box 1000  
436 Walnut Street  
Philadelphia, PA 19106  
(215) 640-5123 ext. [Phone]

CoCode: 10030  
Group Code: 626  
State of Domicile: Pennsylvania  
Company Type:  
Group Name:  
State ID Number:  
FEIN Number: 92-0040526  
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ACE Property & Casualty Insurance Company  
PO Box 1000  
436 Walnut Street  
Philadelphia, PA 19106  
(215) 640-5123 ext. [Phone]

CoCode: 20699  
Group Code: 626  
State of Domicile: Pennsylvania  
Company Type:  
Group Name:  
State ID Number:  
FEIN Number: 06-0237820  
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Bankers Standard Fire & Marine Company  
PO Box 1000

CoCode: 20591  
Group Code: 626  
State of Domicile: Pennsylvania  
Company Type:

SERFF Tracking Number: ACEH-125698333 State: Arkansas  
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436 Walnut Street  
Philadelphia, PA 19106  
(215) 640-5123 ext. [Phone]

Group Name:  
FEIN Number: 75-6014863  
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State ID Number:

Bankers Standard Insurance Company  
PO Box 1000  
436 Walnut Street  
Philadelphia, PA 19106  
(215) 640-5123 ext. [Phone]

CoCode: 18279  
Group Code: 626

State of Domicile: Pennsylvania  
Company Type:

436 Walnut Street  
Philadelphia, PA 19106  
(215) 640-5123 ext. [Phone]

Group Name:  
FEIN Number: 59-1320184  
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State ID Number:

Indemnity Insurance Company of North  
America  
PO Box 1000  
436 Walnut Street  
Philadelphia, PA 19106  
(215) 640-5123 ext. [Phone]

CoCode: 43575  
Group Code: 626

State of Domicile: Pennsylvania  
Company Type:

Insurance Company of North America  
PO Box 1000  
436 Walnut Street  
Philadelphia, PA 19106  
(215) 640-5123 ext. [Phone]

CoCode: 22713  
Group Code: 626  
Group Name:  
FEIN Number: 06-1016108  
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State of Domicile: Pennsylvania  
Company Type:  
State ID Number:

Pacific Employers Insurance Company  
PO Box 1000  
436 Walnut Street  
Philadelphia, PA 19106  
(215) 640-5123 ext. [Phone]

CoCode: 22748  
Group Code: 626  
Group Name:  
FEIN Number: 95-1077060  
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State of Domicile: Pennsylvania  
Company Type:  
State ID Number:

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACE American Insurance Company	\$50.00	06/18/2008	20962737
ACE Fire Underwriters Insurance Company	\$0.00	06/18/2008	
ACE Indemnity Insurance Company	\$0.00	06/18/2008	
ACE Property & Casualty Insurance Company	\$0.00	06/18/2008	
Bankers Standard Fire & Marine Company	\$0.00	06/18/2008	
Bankers Standard Insurance Company	\$0.00	06/18/2008	
Indemnity Insurance Company of North America	\$0.00	06/18/2008	
Insurance Company of North America	\$0.00	06/18/2008	
Pacific Employers Insurance Company	\$0.00	06/18/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/18/2008	06/18/2008

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## Disposition

Disposition Date: 06/18/2008  
Effective Date (New): 06/18/2008  
Effective Date (Renewal): 06/18/2008  
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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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Endorsement Concerning Notice To ESIS, Inc.	ALL-24984	(05/08)	Endorsement/Amendment/Conditions		0.00	ALL24984_Endorsement Concerning Notice to ESIS.pdf

**ENDORSEMENT CONCERNING NOTICE TO ESIS INC.**

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

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

**This Endorsement modifies insurance provided under the following:**

- COMMERCIAL GENERAL LIABILITY COVERAGE PART**
- OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART**
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART**
- RAILROAD PROTECTIVE LIABILITY COVERAGE PART**
- NEW YORK SPECIAL PROTECTIVE HIGHWAY COVERAGE PART**
- BUSINESS AUTOMOBILE COVERAGE PART**
- GARAGE LIABILITY COVERAGE PART**
- TRUCKERS COVERAGE PART**
- MOTOR CARRIER COVERAGE PART**

For the purposes of satisfying your obligation to provide us with notice as set forth in:

1. The Condition entitled "Duties In The Event of Accident, Claim, Suit Or Loss,"; or
2. The Condition entitled "Duties In The Event of Occurrence, Offense, Claim or Suit,"; or
3. PART FOUR – YOUR DUTIES IF INJURY OCCURS

your timely provision of such notice to ESIS, Inc. as the claim servicing organization under the policy referenced above shall constitute notice to us.

Provision of such notice is subject to the following:

- 1) Notice to ESIS, Inc. will only constitute notice to us under the terms of the policy referenced above. You must provide separate notice under any and all other potentially applicable policies, even if that insurance is provided by an ACE company.
- 2) The purpose of this endorsement is solely to permit your first notice of a claim, occurrence, accident, injury, offense or suit to ESIS, Inc. to constitute first notice to us under the policy. This endorsement does not alter any of your other obligations under the policy, including but not limited to your obligation to cooperate with us and directly provide us with all information and documentation.
- 3) You agree to timely provide ESIS, Inc. with: (1) documentation supporting the accident, loss, offense, injury, claim or "suit", (2) all invoices for expenses as provided for under Supplementary Payments, if applicable, and (3) all requests or demands for payment of claims. You further agree that any payments for expenses, as provided for under Supplementary Payments, or for claims made within the deductible, if applicable, will be paid by ESIS, Inc.

All other terms, conditions, and provisions of the policy continue to apply.

\_\_\_\_\_  
Authorized Agent

*SERFF Tracking Number:* ACEH-125698333      *State:* Arkansas  
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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 06/18/2008

**Comments:**

**Attachments:**

NAIC Transmittal - AR.pdf  
NAIC Forms Schedule.pdf

**Satisfied -Name:** Filing Memo **Review Status:** Approved 06/18/2008

**Comments:**

**Attachment:**

ESIS filing 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: <table style="width: 100%; border: none;"> <tr> <td style="border: none;">New Business</td> <td style="border: none; width: 150px;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

<b>3. Group Name</b>	<b>Group NAIC #</b>
ACE INA	626

4. Company Name(s)	Domicile	NAIC #	FEIN #
ACE American Insurance Company	PA	22667	95-2371728
ACE Fire Underwriters Insurance Company	PA	20702	06-6032187
ACE Property & Casualty Insurance Company	PA	20699	06-0237820
ACE Indemnity Insurance Company	PA	10030	92-0040526
Bankers Standard Insurance Company	PA	18279	59-1320184
Bankers Standard Fire & Marine Insurance Company	PA	20591	75-6014863
Indemnity Insurance of North America	PA	43575	06-1016108
Insurance Company of North America	PA	22713	23-0723970
Pacific Employers Insurance Company	PA	22748	95-1077060

<b>5. Company Tracking Number</b>	08-CA-2007726
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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
	Viola McBride 510 Walnut Street, WB04G Philadelphia, PA 19106	Regulatory Associate	(215) 640-5238	(215) 640-4986	viola.mcbride@ace-ina.com
<b>7.</b>	Signature of authorized filer				
<b>8.</b>	Please print name of authorized filer		Viola McBride		

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

<b>9.</b>	Type of Insurance (TOI)	Commercial Automobile			
<b>10.</b>	Sub-Type of Insurance (Sub-TOI)				
<b>11.</b>	State Specific Product code(s)(if applicable)[See State Specific Requirements]				
<b>12.</b>	Company Program Title (Marketing title)				
<b>13.</b>	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)			
<b>14.</b>	Effective Date(s) Requested	New:	Upon approval	Renewal:	Upon approval



## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)	
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	
<b>18.</b>	<b>Company's Date of Filing</b>	06/18/08
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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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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We are filing ALL-24984 (05/08) Endorsement Concerning Notice To ESIS, Inc. at the request of our insureds that use ESIS (a third party administrator and a member of the ACE Group of Companies) to administer their claims. The endorsement clarifies the policy concerning Notice Of Loss, and states that notice to ESIS will satisfy notice to ACE under the policy to which the endorsement is attached.

The endorsement will be mandatory for all of our insureds that have contracted with ESIS to administer their claims.

<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]
<p><b>Check #:</b> EFT <b>Amount:</b> \$50.00</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

**\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

## **These pages are informational only and do not need to be submitted with your filings!**

### **Notes for Uniform Property & Casualty Transmittal Document**

#### **DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT**

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
  - a. Date the filing is received by the Insurance Dept.**
  - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
  - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
  - d. Date of Disposition of the filing**—date filing is finished
  - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
  - f. State Filing #:** The number the state assigns to the filing (if applicable).
  - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
  - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

**14. Effective Date Requested:** This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

**15. Reference Filing:** Yes/No

**16. Reference Organization (if applicable):** The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

**17. Reference Organization Number & Title (if applicable):** This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

**18. Company’s Date of filing:** The date the company sends the filing.

**19. Status of filing in domicile:** Place for the company to show if filing has been filed in domicile and its status.

**20. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

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

## 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>	08-CA-2007726			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> <small>(Company tracking number of rate/rule filing, if applicable)</small>				
<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	Endorsement Concerning Notice to ESIS, Inc.	ALL-24984 (05/08)	<input checked="" 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		

Effective March 1, 2007

**This page is informational only and do not need to be submitted with your filings!**

**Notes for Form Filing Transmittal  
DESCRIPTION OF ITEMS IN THE FORM FILING SCHEDULE**

**FORM FILING SCHEDULE**

- 1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state
- 2. This filing corresponds to rate/rule filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.
- 3. Exhibit/Form Name/Description/Synopsis:** This is a list of forms being filed. **Do not refer to the body of the filing for a separate forms listing, unless allowed by state. This is required information and is required here.** The line numbers below this are to help the Departments that track the number of forms they receive.

## **Filing Memorandum**

The purpose of this filing is to seek approval of a new independent endorsement, ALL-24984 (05/08) ENDORSEMENT CONCERNING NOTICE TO ESIS, INC.

ESIS, Inc. is a third party administrator and a member of the ACE Group of Companies. We are filing this endorsement at the request of our insureds that use ESIS to administer their claims. The endorsement clarifies the policy concerning Notice Of Loss and states that notice to ESIS will satisfy notice to ACE under the policy to which the endorsement is attached. The endorsement will be mandatory for all of our insureds that have contracted with ESIS to administer their claims. There is no premium charge for this endorsement.

We wish to begin using this endorsement as soon as possible and appreciate your approval using the earliest effective date possible.