

SERFF Tracking Number: ERCB-125673182 State: Arkansas  
 Filing Company: Westport Insurance Corporation State Tracking Number: EFT \$50  
 Company Tracking Number: IIA-AR-08-03676  
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability  
 Product Name: Independent Insurance Agents Professional Liability Pkg.  
 Project Name/Number: Revision of Optional ERP Endorsements/IIA-AR-08-03676

## Filing at a Glance

Company: Westport Insurance Corporation

Product Name: Independent Insurance Agents Professional Liability Pkg. SERFF Tr Num: ERCB-125673182 State: Arkansas

TOI: 17.1 Other Liability - Claims Made Only SERFF Status: Closed State Tr Num: EFT \$50  
 Sub-TOI: 17.1019 Professional Errors & Omissions Liability Co Tr Num: IIA-AR-08-03676 State Status: Fees verified and received  
 Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts  
 Author: Cindy Knoll Disposition Date: 06/30/2008  
 Date Submitted: 06/20/2008 Disposition Status: Approved

Effective Date Requested (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008

State Filing Description:

## General Information

Project Name: Revision of Optional ERP Endorsements

Project Number: IIA-AR-08-03676

Reference Organization:

Reference Title:

Filing Status Changed: 06/30/2008

State Status Changed: 06/26/2008

Corresponding Filing Tracking Number:

Filing Description:

With this filing, we would like to submit clerical revisions to our previously approved Extended Reporting Period Endorsments (Optional) The only change on the revised forms is a correction in which it erroneously included language indicating we were terminating the policy. The intent of these endorsements is to extend tail coverage for optional coverages or specific coverage units. It is not our intent to terminate the entire policy, only the referenced optional coverage or coverage unit.

Status of Filing in Domicile: Pending

Domicile Status Comments: Filed Concurrently

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: ERCB-125673182 State: Arkansas  
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We respectfully request an effective date for these revisions of September 1, 2008.

## Company and Contact

### Filing Contact Information

Cindy Knoll, Compliance Specialist cindy\_knoll@swissre.com  
 5200 Metcalf (800) 255-6931 [Phone]  
 Overland Park, KS 66201 (913) 676-6226[FAX]

### Filing Company Information

Westport Insurance Corporation	CoCode: 39845	State of Domicile: Missouri
5200 Metcalf	Group Code: 181	Company Type:
Overland Park, KS 66201	Group Name: Swiss Re	State ID Number:
(800) 255-6931 ext. [Phone]	FEIN Number: 48-0921045	
	-----	

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Westport Insurance Corporation	\$50.00	06/20/2008	21013737

SERFF Tracking Number: *ERCB-125673182* State: *Arkansas*  
 Filing Company: *Westport Insurance Corporation* State Tracking Number: *EFT \$50*  
 Company Tracking Number: *IIA-AR-08-03676*  
 TOI: *17.1 Other Liability - Claims Made Only* Sub-TOI: *17.1019 Professional Errors & Omissions Liability*  
 Product Name: *Independent Insurance Agents Professional Liability Pkg.*  
 Project Name/Number: *Revision of Optional ERP Endorsements/IIA-AR-08-03676*

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	06/30/2008	06/30/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Edith Roberts	06/26/2008	06/26/2008	Cindy Knoll	06/26/2008	06/26/2008

*SERFF Tracking Number:*      *ERCB-125673182*                      *State:*                      *Arkansas*  
*Filing Company:*              *Westport Insurance Corporation*                      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *IIA-AR-08-03676*  
*TOI:*                      *17.1 Other Liability - Claims Made Only*                      *Sub-TOI:*                      *17.1019 Professional Errors & Omissions*  
*Product Name:*                      *Independent Insurance Agents Professional Liability Pkg.*  
*Project Name/Number:*              *Revision of Optional ERP Endorsements/IIA-AR-08-03676*

## **Disposition**

Disposition Date: 06/30/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *ERCB-125673182* State: *Arkansas*  
 Filing Company: *Westport Insurance Corporation* State Tracking Number: *EFT \$50*  
 Company Tracking Number: *IIA-AR-08-03676*  
 TOI: *17.1 Other Liability - Claims Made Only* Sub-TOI: *17.1019 Professional Errors & Omissions Liability*  
 Product Name: *Independent Insurance Agents Professional Liability Pkg.*  
 Project Name/Number: *Revision of Optional ERP Endorsements/IIA-AR-08-03676*

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Form (revised)</b>	Extended Reporting Period Endorsement - For Optional Coverage Endorsement	Approved	Yes
<b>Form</b>	Extended Reporting Period Endorsement - For Optional Coverage Endorsement	Withdrawn	Yes
<b>Form (revised)</b>	Extended Reporting Period Endorsement - For Optional Coverage Endorsement With Sub Limit	Approved	Yes
<b>Form</b>	Extended Reporting Period Endorsement - For Optional Coverage Endorsement With Sub Limit	Withdrawn	Yes
<b>Form (revised)</b>	Extended Reporting Period Endorsement - Coverage Unit	Approved	Yes
<b>Form</b>	Extended Reporting Period Endorsement - Coverage Unit	Withdrawn	Yes

SERFF Tracking Number: ERCB-125673182 State: Arkansas  
Filing Company: Westport Insurance Corporation State Tracking Number: EFT \$50  
Company Tracking Number: IIA-AR-08-03676  
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability  
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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 06/26/2008  
Submitted Date 06/26/2008

Respond By Date

Dear Cindy Knoll,

This will acknowledge receipt of the captioned filing.

Can you please give the me SERFF tracking number under which these were previously approved.

Thank you for your assistance.

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/26/2008  
Submitted Date 06/26/2008

Dear Edith Roberts,

### Comments:

#### Response 1

Comments: The SERFF Filing tracking # under which these forms were previously approved is SERT-6PXMKU694. Please excuse my oversight however in attaching the incorrect versions of the forms intended to be filed and the reference to the correct previously approved forms. I have made the necessary corrections on the form schedule page. Please let me know if you should have any questions.

Thank you for your help.

SERFF Tracking Number: ERCB-125673182 State: Arkansas  
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 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability  
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Cindy Knoll

**Changed Items:**

No Supporting Documents changed.

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Extended Reporting Period Endorsement - For Optional Coverage Endorsement	SP 3 652B	0508	Endorsement/Amendment/Conditions	Replaced	AR-OC-06-019791	0	SP 3 652B 0508.pdf
<b>Previous Version</b>							
Extended Reporting Period Endorsement - For Optional Coverage Endorsement	SP 3 652	0508	Endorsement/Amendment/Conditions	Replaced	AR-OC-06-019791	0	SP 3 652 0508.pdf
Extended Reporting Period Endorsement - For Optional Coverage Endorsement With Sub Limit	SP 3 653B	0508	Endorsement/Amendment/Conditions	Replaced	AR-OC-06-019791	0	SP 3 653B 0508.pdf
<b>Previous Version</b>							
Extended Reporting Period Endorsement - For Optional Coverage Endorsement With Sub Limit	SP 3 653	0508	Endorsement/Amendment/Conditions	Replaced	AR-OC-06-019791	0	SP 3 653 0508.pdf
Extended Reporting Period Endorsement - Coverage Unit	SP 3 656B	0508	Endorsement/Amendment/Conditions	Replaced	AR-OC-06-019791	0	SP 3 656B 0508.pdf
<b>Previous Version</b>							
Extended Reporting	SP 3 656	0508	Endorsement/Amendment	Replaced	AR-OC-	0	SP 3 656

SERFF Tracking Number: ERCB-125673182 State: Arkansas  
Filing Company: Westport Insurance Corporation State Tracking Number: EFT \$50  
Company Tracking Number: IIA-AR-08-03676  
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability  
Product Name: Independent Insurance Agents Professional Liability Pkg.  
Project Name/Number: Revision of Optional ERP Endorsements/IIA-AR-08-03676  
Period Endorsement - /Conditions 06-019791 0508.pdf  
Coverage Unit

*SERFF Tracking Number:*      *ERCB-125673182*                      *State:*                      *Arkansas*  
*Filing Company:*              *Westport Insurance Corporation*                      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *IIA-AR-08-03676*  
*TOI:*                      *17.1 Other Liability - Claims Made Only*                      *Sub-TOI:*                      *17.1019 Professional Errors & Omissions*  
*Product Name:*                      *Independent Insurance Agents Professional Liability Pkg.*  
*Project Name/Number:*              *Revision of Optional ERP Endorsements/IIA-AR-08-03676*

**No Rate/Rule Schedule items changed.**

Sincerely,  
Cindy Knoll

SERFF Tracking Number: ERCB-125673182 State: Arkansas  
 Filing Company: Westport Insurance Corporation State Tracking Number: EFT \$50  
 Company Tracking Number: IIA-AR-08-03676  
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability  
 Product Name: Independent Insurance Agents Professional Liability Pkg.  
 Project Name/Number: Revision of Optional ERP Endorsements/IIA-AR-08-03676

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Extended Reporting Period Endorsement - For Optional Coverage Endorsement	SP 3 652B0508		Endorsement/Amendment/Conditions	Replaced Form #:0.00 SP 3 652B 0806 Previous Filing #: AR-OC-06-019791		SP 3 652B0508.pdf
Approved	Extended Reporting Period Endorsement - For Optional Coverage Endorsement With Sub Limit	SP 3 653B0508		Endorsement/Amendment/Conditions	Replaced Form #:0.00 SP 3 653B 0806 Previous Filing #: AR-OC-06-019791		SP 3 653B0508.pdf
Approved	Extended Reporting Period Endorsement - Coverage Unit	SP 3 656B0508		Endorsement/Amendment/Conditions	Replaced Form #:0.00 SP 3 656B 0806 Previous Filing #: AR-OC-06-019791		SP 3 656B0508.pdf

# Westport Insurance Corporation

## EXTENDED REPORTING PERIOD ENDORSEMENT For Optional Coverage Endorsement

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

As respects only to the Optional Coverage Endorsement listed below:

\_\_\_\_\_

and in consideration of an additional premium of \$ \_\_\_\_\_, the Extended Reporting Period is as follows:

From:

To:

This additional period for reporting "claims" shall not reinstate the Limit of Liability stated in the Declarations. The Limit of Liability for the Extended Reporting Period shall be the greater of the aggregate Limit of Liability stated in the Declarations or latest renewal endorsement reduced by payment by us of any "loss" for all "claims" first made against any insureds during the "policy period" and the Automatic Reporting Period, or 50% of the aggregate of the Limit of Liability stated in the Declarations or latest renewal endorsement.

This policy will not provide any additional Extended Reporting Period(s).

It is agreed that this Optional Coverage Endorsement is hereby terminated with respect to "claims" resulting from "wrongful acts" occurring on or after \_\_\_\_\_, which date shall be the termination of this Optional Coverage Endorsement.

ACCEPTED: \_\_\_\_\_  
Named Insured

By: \_\_\_\_\_  
Title:

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

(The information below is required only when this endorsement is issued subsequent to the preparation of the policy.)

Endorsement Effective  
Named Insured

Policy No.

Countersigned.

WESTPORT INSURANCE CORPORATION

\_\_\_\_\_  
Authorized Representative



President



Secretary

# Westport Insurance Corporation

## EXTENDED REPORTING PERIOD ENDORSEMENT For Optional Coverage Endorsement With Sub-Limit

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

As respects only to the Optional Coverage Endorsement With Sub-Limit that is checked below:

Loan Origination Coverage Extension

Safety Consultants Extension

(Other) \_\_\_\_\_

and in consideration of an additional premium of \$ \_\_\_\_\_, the Extended Reporting Period is as follows:

From:

To:

The sub-limit of liability provided by this endorsement is part of and not in addition to the Limit of Liability provided by this policy.

This additional period for reporting "claims" shall not reinstate the Limit of Liability stated in the Declarations. The Limit of Liability for the Extended Reporting Period shall be the greater of the aggregate Limit of Liability stated in the Declarations or latest renewal endorsement reduced by payment by us of any "loss" for all "claims" first made against any insureds during the "policy period" and the Automatic Reporting Period, or 50% of the aggregate of the Limit of Liability stated in the Declarations or latest renewal endorsement.

This policy will not provide any additional Extended Reporting Period(s).

It is agreed that this Optional Coverage Endorsement With Sub-Limit is hereby terminated with respect to "claims" resulting from "wrongful acts" occurring on or after \_\_\_\_\_, which date shall be the termination of this Optional Coverage Endorsement.

ACCEPTED: \_\_\_\_\_  
Named Insured

By: \_\_\_\_\_  
Title:

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

(The information below is required only when this endorsement is issued subsequent to the preparation of the policy.)

Endorsement Effective  
Named Insured

Policy No.

Countersigned.

WESTPORT INSURANCE CORPORATION

\_\_\_\_\_  
Authorized Representative



President



Secretary

# Westport Insurance Corporation

## EXTENDED REPORTING PERIOD ENDORSEMENT Coverage Unit

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

As respects only to the \_\_\_\_\_ "coverage unit" and in consideration of an additional premium of \$ \_\_\_\_\_, the Extended Reporting Period is as follows:

From:

To:

This additional period for reporting "claims" shall not reinstate the Limit of Liability stated in the Declarations. The Limit of Liability for the Extended Reporting Period shall be the greater of the aggregate Limit of Liability stated in the Declarations or latest renewal endorsement reduced by payment by us of any "loss" for all "claims" first made against any insureds during the "policy period" and the Automatic Reporting Period, or 50% of the aggregate of the Limit of Liability stated in the Declarations or latest renewal endorsement.

This policy will not provide any additional Extended Reporting Period(s).

It is agreed that this "coverage unit" is hereby terminated with respect to "claims" resulting from "wrongful acts" occurring on or after \_\_\_\_\_ which date shall be the termination of this "coverage unit."

ACCEPTED: \_\_\_\_\_  
Named Insured

By: \_\_\_\_\_  
Title:

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

(The information below is required only when this endorsement is issued subsequent to the preparation of the policy.)

Endorsement Effective  
Named Insured

Policy No.

Countersigned.

WESTPORT INSURANCE CORPORATION

\_\_\_\_\_  
Authorized Representative

  
\_\_\_\_\_  
President

  
\_\_\_\_\_  
Secretary

*SERFF Tracking Number:*      *ERCB-125673182*                      *State:*                      *Arkansas*  
*Filing Company:*              *Westport Insurance Corporation*                      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *IIA-AR-08-03676*  
*TOI:*                      *17.1 Other Liability - Claims Made Only*                      *Sub-TOI:*                      *17.1019 Professional Errors & Omissions*  
*Product Name:*                      *Independent Insurance Agents Professional Liability Pkg.*  
*Project Name/Number:*              *Revision of Optional ERP Endorsements/IIA-AR-08-03676*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: ERCB-125673182 State: Arkansas  
Filing Company: Westport Insurance Corporation State Tracking Number: EFT \$50  
Company Tracking Number: IIA-AR-08-03676  
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability  
Product Name: Independent Insurance Agents Professional Liability Pkg.  
Project Name/Number: Revision of Optional ERP Endorsements/IIA-AR-08-03676

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 06/30/2008

**Comments:**  
**Attachment:**  
P&C Trans 03676.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
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<b>3. Group Name</b>	<b>Group NAIC #</b>

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

<b>5. Company Tracking Number</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

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.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (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.)**

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

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>						
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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)

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

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

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

SERFF Tracking Number: *ERCB-125673182* State: *Arkansas*  
 Filing Company: *Westport Insurance Corporation* State Tracking Number: *EFT \$50*  
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 TOI: *17.1 Other Liability - Claims Made Only* Sub-TOI: *17.1019 Professional Errors & Omissions Liability*  
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## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Extended Reporting Period Endorsement - For Optional Coverage Endorsement	06/20/2008	SP 3 652 0508.pdf
No original date	Form	Extended Reporting Period Endorsement - For Optional Coverage Endorsement With Sub Limit	06/20/2008	SP 3 653 0508.pdf
No original date	Form	Extended Reporting Period Endorsement - Coverage Unit	06/20/2008	SP 3 656 0508.pdf

# Westport Insurance Corporation

## EXTENDED REPORTING PERIOD ENDORSEMENT For Optional Coverage Endorsement

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

As respects only to the Optional Coverage Endorsement listed below:

\_\_\_\_\_

and in consideration of an additional premium of \$ \_\_\_\_\_, the Extended Reporting Period is as follows:

From:

To:

This additional period for reporting "claims" shall not reinstate the Limit of Liability stated in the Declarations. The Extended Reporting Period is subject to the aggregate Limit of Liability stated in the Declarations or latest renewal endorsement; and the aggregate Limit of Liability shall be reduced by payment by us of any "loss" for all "claims" first made against any insureds during the "policy period" and the Extended Reporting Period.

This policy will not provide any additional Extended Reporting Period(s).

It is agreed that this Optional Coverage Endorsement is hereby terminated with respect to "claims" resulting from "wrongful acts" occurring on or after \_\_\_\_\_, which date shall be the termination of this Optional Coverage Endorsement.

ACCEPTED: \_\_\_\_\_  
Named Insured

By: \_\_\_\_\_  
Title:

All other terms and conditions of this policy shall remain unchanged.  
This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.  
(The information below is required only when this endorsement is issued subsequent to the preparation of the policy.)

Endorsement Effective  
Named Insured

Policy No.

Countersigned.

WESTPORT INSURANCE CORPORATION

\_\_\_\_\_  
Authorized Representative

  
\_\_\_\_\_  
President

  
\_\_\_\_\_  
Secretary

# Westport Insurance Corporation

## EXTENDED REPORTING PERIOD ENDORSEMENT For Optional Coverage Endorsement With Sub-Limit

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

As respects only to the Optional Coverage Endorsement With Sub-Limit that is checked below:

Loan Origination Coverage Extension

Safety Consultants Extension

(Other) \_\_\_\_\_

and in consideration of an additional premium of \$ \_\_\_\_\_, the Extended Reporting Period is as follows:

From:

To:

The sub-limit of liability provided by this endorsement is part of and not in addition to the Limit of Liability provided by this policy.

This additional period for reporting "claims" shall not reinstate the Limit of Liability stated in the Declarations. The Extended Reporting Period is subject to the aggregate Limit of Liability stated in the Declarations or latest renewal endorsement; and the aggregate Limit of Liability shall be reduced by payment by us of any "loss" for all "claims" first made against any insureds during the "policy period" and the Extended Reporting Period.

This policy will not provide any additional Extended Reporting Period(s).

It is agreed that this Optional Coverage Endorsement With Sub-Limit is hereby terminated with respect to "claims" resulting from "wrongful acts" occurring on or after \_\_\_\_\_, which date shall be the termination of this Optional Coverage Endorsement . .

ACCEPTED: \_\_\_\_\_  
Named Insured

By: \_\_\_\_\_  
Title:

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

(The information below is required only when this endorsement is issued subsequent to the preparation of the policy.)

Endorsement Effective  
Named Insured

Policy No.

Countersigned.

WESTPORT INSURANCE CORPORATION

\_\_\_\_\_  
Authorized Representative



President



Secretary

# Westport Insurance Corporation

## EXTENDED REPORTING PERIOD ENDORSEMENT Coverage Unit

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

As respects only to the \_\_\_\_\_ "coverage unit" and in consideration of an additional premium of \$ \_\_\_\_\_, the Extended Reporting Period is as follows:

From:

To:

This additional period for reporting "claims" shall not reinstate the Limit of Liability stated in the Declarations. The Extended Reporting Period is subject to the aggregate Limit of Liability stated in the Declarations or latest renewal endorsement; and the aggregate Limit of Liability shall be reduced by payment by us of any "loss" for all "claims" first made against any insureds during the "policy period" and the Extended Reporting Period.

This policy will not provide any additional Extended Reporting Period(s).

It is agreed that this "coverage unit" is hereby terminated with respect to "claims" resulting from "wrongful acts" occurring on or after \_\_\_\_\_, which date shall be the termination of this "coverage unit."

ACCEPTED: \_\_\_\_\_  
Named Insured

By: \_\_\_\_\_  
Title:

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

(The information below is required only when this endorsement is issued subsequent to the preparation of the policy.)

Endorsement Effective  
Named Insured

Policy No.

Countersigned.

WESTPORT INSURANCE CORPORATION

\_\_\_\_\_  
Authorized Representative

  
\_\_\_\_\_  
President

  
\_\_\_\_\_  
Secretary