

SERFF Tracking Number: LBRM-125682436 State: Arkansas
First Filing Company: America First Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-01682
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: Professional Liability
Project Name/Number: PL School Liability/2008-01682

Filing at a Glance

Companies: America First Insurance Company, Peerless Indemnity Insurance Company, Peerless Insurance Company, The Netherlands Insurance Company

Product Name: Professional Liability SERFF Tr Num: LBRM-125682436 State: Arkansas
TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50
Made/Occurrence
Sub-TOI: 17.0019 Professional Errors & Omissions Liability Co Tr Num: 2008-01682 State Status: Fees received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts
Authors: Scott Edwards, Kelly Joslyn Disposition Date: 06/10/2008
Date Submitted: 06/05/2008 Disposition Status: Approved
Effective Date Requested (New): 07/01/2008 Effective Date (New):
Effective Date Requested (Renewal): 07/01/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: PL School Liability Status of Filing in Domicile:
Project Number: 2008-01682 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 06/10/2008
State Status Changed: 06/05/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
Effective July 1, 2008 for both New and Renewal Business, we wish to file to update our School Liability Product.

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Company and Contact

Filing Contact Information

Kelly Joslyn, State Filings Technician kelly.joslyn@LibertyMutual.com
 62 Maple Avenue (800) 826-6189 [Phone]
 Keene, NH 03431 (603) 352-9252[FAX]

Filing Company Information

America First Insurance Company	CoCode: 12696	State of Domicile: New Hampshire
62 Maple Ave.	Group Code: 111	Company Type: P & C
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 58-0953149	

Peerless Indemnity Insurance Company	CoCode: 18333	State of Domicile: Illinois
62 Maple Ave.	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 13-2919779	

Peerless Insurance Company	CoCode: 24198	State of Domicile: New Hampshire
62 Maple Avenue	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 02-0177030	

The Netherlands Insurance Company	CoCode: 24171	State of Domicile: New Hampshire
62 Maple Avenue	Group Code: 111	Company Type: Property & Casualty
Keene, NH 03431	Group Name:	State ID Number:
(800) 826-6189 ext. [Phone]	FEIN Number: 02-0342937	

Filing Fees

Fee Required? Yes

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Liability
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Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per submission X 1 submission = \$50
Per Company: No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	06/10/2008	06/10/2008

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Disposition

Disposition Date: 06/10/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

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

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	DEDUCTIBLE INSURANCE - NON-MONETARY RELIEF CLAIMS	Approved	Yes
Form	AMENDATORY ENDORSEMENT	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	DEDUCTIBLE INSURANCE - NON-MONETARY RELIEF CLAIMS	26-124	01/07	Endorsement/Amendment/Conditions	New		26-124 0107.pdf
Approved	AMENDATORY ENDORSEMENT	26-145	02/08	Endorsement/Amendment/Conditions	New		26-145 0208.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DEDUCTIBLE INSURANCE - NON-MONETARY RELIEF CLAIMS

This endorsement modifies insurance provided under the following:

SCHOOL LEADERS ERRORS AND OMISSIONS LIABILITY COVERAGE PART

SCHEDULE	
DEDUCTIBLE – NON-MONETARY RELIEF CLAIMS:	
Amount	Basis of Deductible
\$	Each "Wrongful Act"

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The following is added to paragraph **F. Deductible** under **SECTION III – LIMITS OF INSURANCE:**

With respect to any "claim" seeking only injunctive or other non-monetary relief that we investigate or settle, or any "suit" seeking only injunctive or other non-monetary relief against an insured we defend:

1. Our obligation to pay under this Coverage Part applies only to "defense expenses" and "legal fees" in excess of the Deductible Amount, if any, shown in the Schedule of this endorsement. The Aggregate Defense Expense Amount – Non-Monetary Relief will not be reduced by the amount of such deductible.
2. The Deductible Amount applies to "defense expenses" and "legal fees" arising from all "claims" made because of one "wrongful act". A single "wrongful act" or a series of causally connected "wrongful acts" will be considered one "wrongful act".
3. The terms of this insurance including our right and duty to defend the insured against any "suit" seeking only injunctive or other non-monetary relief (**Section I.B.1.b.**) and your duties in the event of "wrongful act", "claim" or "suit" (**SECTION IV.B.**) apply irrespective of the application of the Deductible Amount.
4. We may pay any part or all of the Deductible Amount and, upon notification of the action taken, you shall promptly reimburse us for such part of the Deductible Amount as has been paid by us.

All other terms, conditions and exclusions shall remain the same.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDATORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

SCHOOL LEADERS ERRORS AND OMISSIONS LIABILITY COVERAGE PART

A. Provision 1.b.(1) of paragraph B. Defense and Defense Expense under SECTION I – COVERAGE is replaced by the following:

1. We will have the right and duty to defend the insured against any “suit” seeking:

**b. Only injunctive or other non-monetary relief because of a “wrongful act” to which this insurance applies.
But:**

(1) When the Aggregate Defense Expense Amount – Non-Monetary Relief is used up in the payment of “defense expense” or “legal fees”, our duty to defend ends with respect to any “suit” seeking injunctive or other non-monetary relief subject to such exhausted limit; and

B. Paragraph C. Exclusions under SECTION I – COVERAGE is amended as follows:

1. Exclusion 4. Employers Liability is replaced by the following:

This insurance does not apply to:

4. Employers Liability

Any “claim” made by or on behalf of:

a. Any “employee(s)” arising out of and in the course of:

(1) Employment by the insured; or

(2) Performing duties related to the conduct of the insured’s business; or

b. The spouse, child, parent, brother or sister of that “employee” as a consequence of paragraph a. above.

This exclusion applies:

a. Whether the insured may be liable as an employer or in any other capacity; and

b. To any obligation to share damages with or repay someone else who must pay damages because of a “claim” described in paragraph a. or b. above.

This exclusion does not apply to the extent of coverage provided under Section **I.D. Coverage Extension – Employment-Related Practices Liability**.

2. Exclusion 8. Illegal Profit Or Advantage is replaced by the following:

This insurance does not apply to:

Includes copyrighted material of Insurance Services Office, Inc., with its permission.

8. Illegal Profit Or Advantage

Any insured who commits a "wrongful act" that gains or causes another person or organization to gain a profit or advantage to which the insured or other person or organization was not legally entitled.

C. Provision **1.** of paragraph **B.** under **SECTION II - WHO IS AN INSURED** is replaced by the following:

- 1.** Any person who was, now is, or shall be an elected or appointed member of your board of governors, board of education, school committee, board of trustees or commission;

All other terms and conditions of the policy remain unchanged.

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TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0019 Professional Errors & Omissions*
Liability

Product Name: *Professional Liability*
Project Name/Number: *PL School Liability/2008-01682*

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 06/10/2008

Comments:

Attachments:

AR F 777.pdf
Form Filing Schedule.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 06/10/2008

Comments:

Attachment:

2008-01682 klj doc.pdf

18. Company's Date of Filing	6/5/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2008-01682
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21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

Effective July 1, 2008 for both New and Renewal Business, we wish to file to update our School Liability Product.

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 #: EFT
Amount: \$50

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.)**

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 #	2008-01682			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	n/a			
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	DEDUCTIBLE INSURANCE - NON-MONETARY RELIEF CLAIMS	26-124 0107	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	AMENDATORY ENDORSEMENT	26-45 0208	<input checked="" 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		
17			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
18			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
19			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
20			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



**America First
Insurance™**

Member of Liberty Mutual Group

62 Maple Avenue
Keene, NH 03431
603-352-3221

April 22, 2008

Hon. Julie Benafield Bowman
Commissioner Of Insurance
Arkansas Insurance Department
1200 West Third St
Little Rock, AR 72201-1904

Attn: Mr. Bill Lacy, Director
Property and Casualty Division

RE: Division Seven - Professional Liability
Form Filing
America First Insurance Company
NAIC# 111-12696
Peerless Insurance Company
NAIC# 111-24198
The Netherlands Insurance Company
NAIC# 111-24171
Peerless Indemnity Insurance Company
NAIC# 111-18333
Company Filing# 2008-01682

Dear Mr. Lacy:

Effective July 1, 2008 for both New and Renewal Business, we wish to file to update our School Liability Product.

Please see the attached forms for you approval as well as a Form Filing Schedule and all other required filing forms.

The rules that correspond with this form filing are being sent under separate cover, filing number 2008-01683.

Questions regarding the enclosed filing should be directed to me at 603-357-9589 or 800-826-6189 ext. 79589.

Sincerely,

Kelly L. Joslyn
State Filings Technician
Email: kelly.joslyn@libertymutual.com
Fax: (603)-352-9252