

SERFF Tracking Number: ZURC-125702635 State: Arkansas  
First Filing Company: Assurance Company of America, ... State Tracking Number: EFT \$50  
Company Tracking Number: CW OL 27433 (FORMS)  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations  
Product Name: Abusive Act Alleged Participant Supplemental Coverage  
Project Name/Number: /CW OL 27433

## Filing at a Glance

Companies: Assurance Company of America, Northern Insurance Company of New York, Maryland Casualty Company, American Zurich Insurance Company, American Guarantee and Liability Insurance Company, Colonial American Casualty & Surety Company, Fidelity and Deposit Company of Maryland, Zurich American Insurance Company of Illinois, Zurich American Insurance Company, Empire Fire and Marine Insurance Company

Product Name: Abusive Act Alleged Participant SERFF Tr Num: ZURC-125702635 State: Arkansas  
Supplemental Coverage

TOI: 17.2 Other Liability - Occurrence Only	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.2000 Other Liability Sub-TOI Combinations	Co Tr Num: CW OL 27433 (FORMS)	State Status: Fees verified and received
Filing Type: Form	Co Status: Not Applicable	Reviewer(s): Betty Montesi, Edith Roberts
	Author: Karen Falbo	Disposition Date: 06/30/2008
	Date Submitted: 06/19/2008	Disposition Status: Approved
Effective Date Requested (New): 08/01/2008		Effective Date (New):
Effective Date Requested (Renewal): 08/01/2008		Effective Date (Renewal):

State Filing Description:

## General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number: CW OL 27433	Domicile Status Comments: In process of filing nationwide
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 06/30/2008	
State Status Changed: 06/23/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

We are filing the following forms for use with our approved Abusive Act Liability Coverage Form, Form U-GL-1275 (an occurrence form). Please see the explanatory memorandum for further details.

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**Abusive Act Alleged Participant Supplemental Coverage, U-GL-1353-A CW**

This is a new endorsement which contemplates a very challenging liability exposure which was specifically excluded in the 1275 form to which it attaches. Due to recent market demand, we have reviewed our position with respect to alleged participants in abusive acts, and have concluded that we can offer this coverage provided that we do it on a defense within limits basis.

**Prior Criminal Conviction Exclusion Deletion, U-GL-1354-A CW**

This is new endorsement for use with our Abusive Act Liability Coverage Form, Form U-GL-1275 (an occurrence form). Upon review of market practices and our desire to maintain competitive in the marketplace, we have determined that the exclusion deleted by this endorsement is no longer needed.

**Schedule of Insureds, U-GL-D-1121-B CW**

This schedule replaces previously filed form U-GL-D-1121-A CW. This version has been modified to include lines for items added by form U-GL-1353.

**Company and Contact**

**Filing Contact Information**

Karen Falbo, Product Analyst karen.falbo@zurichna.com  
 1400 American Lane (847) 605-7545 [Phone]  
 Schaumburg, IL 60196 (847) 605-7768[FAX]

**Filing Company Information**

Assurance Company of America	CoCode: 19305	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 13-6081895	
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Northern Insurance Company of New York	CoCode: 19372	State of Domicile: New York
1400 American Lane	Group Code: 212	Company Type:
Schaumburg, IL 60196	Group Name:	State ID Number:
(847) 605-6000 ext. [Phone]	FEIN Number: 13-5283360	
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Maryland Casualty Company	CoCode: 19356	State of Domicile: Maryland
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1400 American Lane Group Code: 212 Company Type:  
 Schaumburg, IL 60196 Group Name: State ID Number:  
 (847) 605-6000 ext. [Phone] FEIN Number: 52-0403120

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American Zurich Insurance Company CoCode: 40142 State of Domicile: Illinois  
 1400 American Lane Group Code: 212 Company Type:  
 Schaumburg, IL 60196 Group Name: State ID Number:  
 (847) 605-6000 ext. [Phone] FEIN Number: 36-3141762

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American Guarantee and Liability Insurance CoCode: 26247 State of Domicile: New York  
 Company  
 1400 American Lane Group Code: 212 Company Type:  
 Schaumburg, IL 60196 Group Name: State ID Number:  
 (847) 605-6000 ext. [Phone] FEIN Number: 36-6071400

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Colonial American Casualty & Surety Company CoCode: 34347 State of Domicile: Maryland  
 1400 American Lane Group Code: 212 Company Type:  
 Schaumburg, IL 60196 Group Name: State ID Number:  
 (847) 605-6000 ext. [Phone] FEIN Number: 52-1096670

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Fidelity and Deposit Company of Maryland CoCode: 39306 State of Domicile: Maryland  
 1400 American Lane Group Code: 212 Company Type:  
 Schaumburg, IL 60196 Group Name: State ID Number:  
 (847) 605-6000 ext. [Phone] FEIN Number: 13-3046577

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Zurich American Insurance Company of Illinois CoCode: 27855 State of Domicile: Illinois  
 1400 American Lane Group Code: 212 Company Type:  
 Schaumburg, IL 60196 Group Name: State ID Number:  
 (847) 605-6000 ext. [Phone] FEIN Number: 36-2781080

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Zurich American Insurance Company CoCode: 16535 State of Domicile: New York  
 1400 American Lane Group Code: 212 Company Type:  
 Schaumburg, IL 60102 Group Name: State ID Number:  
 (847) 605-6000 ext. [Phone] FEIN Number: 36-4233459

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Empire Fire and Marine Insurance Company CoCode: 21326 State of Domicile: Nebraska  
13810 FNB Parkway Group Code: 212 Company Type:  
Omaha, NE 68154-5202 Group Name: State ID Number:  
(402) 963-5000 ext. [Phone] FEIN Number: 47-6022701

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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 #
Assurance Company of America	\$50.00	06/19/2008	20998106
Northern Insurance Company of New York	\$0.00	06/19/2008	
Maryland Casualty Company	\$0.00	06/19/2008	
American Zurich Insurance Company	\$0.00	06/19/2008	
American Guarantee and Liability Insurance Company	\$0.00	06/19/2008	
Colonial American Casualty & Surety Company	\$0.00	06/19/2008	
Fidelity and Deposit Company of Maryland	\$0.00	06/19/2008	
Zurich American Insurance Company of Illinois	\$0.00	06/19/2008	
Zurich American Insurance Company	\$0.00	06/19/2008	
Empire Fire and Marine Insurance Company	\$0.00	06/19/2008	

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## 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	Edith Roberts	06/23/2008	06/23/2008	Karen Falbo	06/25/2008	06/25/2008
Industry Response						

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## Disposition

Disposition Date: 06/30/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment: This coverage is "buy back" coverage ordinarily excluded under GL. Therefore, as such it is being approved with defense within limits. Company has stated this will not be sold as "stand alone" coverage.

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	Explanatory	Approved	Yes
Form	Abusive Act Alleged Participant Coverage	Approved	Yes
Form	Prior Criminal Conviction Exclusion Deletion	Approved	Yes
Form	Schedule of Insureds	Approved	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/23/2008

Submitted Date 06/23/2008

Respond By Date

Dear Karen Falbo,

This will acknowledge receipt of the captioned filing.

With reference to Form U-GL-1353-A CW, please advise as to which coverage this form will be attached. Also, would this coverage be sold as "stand alone" coverage. I need more information before I can make a decision on the defense within limits provision of the form.

Thanks.

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 06/25/2008

Submitted Date 06/25/2008

Dear Edith Roberts,

### Comments:

#### Response 1

Comments: Thank you for your review of our filing.

As stated in the explanatory, this form is for use with our Abusive Act Liability Coverage Form, Form U-GL-1275 (an occurrence form). U-GL-1275 was approved on June 29, 2006 (AR-PC-06-020246).

This coverage will not be marketed as a "stand alone" coverage. Our intent is to make this available as an additional

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*Product Name:*                      *Abusive Act Alleged Participant Supplemental Coverage*  
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coverage to insureds who already have CGL policies with the additional "Abusive Act Liability Coverage Form".

Please let us know if you need any additional information for your review.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Karen Falbo

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Abusive Act Alleged Participant Coverage	U-GL-1353-A CW	06 08	Endorsement/Amendment/Conditions		0.00	U-GL-1353-A CW (06-08) Abusive Acts Addl Coverage.pdf
Approved	Prior Criminal Conviction Exclusion Deletion	U-GL-1354-A CW	06 08	Endorsement/Amendment/Conditions		0.00	U-GL-1354-A CW (06-08) Criminal Conviction Excl Delete.pdf
Approved	Schedule of Insureds	U-GL-D-1121-B-CW	06 08	Declaration Replaceds/Schedule	Replaced Form #: U-GL-D-1121-A-CW (03/06) Previous Filing #: AR-PC-06-02046	0.00	U-GL-D-1121-B CW _0608_ Sch of Ins.pdf



# Abusive Act Alleged Participant Coverage

DEFENSE EXPENSES ARE INCLUDED WITHIN THE LIMITS OF INSURANCE SHOWN IN THE SCHEDULE.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Abusive Act Liability Coverage Form

## SCHEDULE

Alleged Participant Each Abusive Act Limit: \$ \_\_\_\_\_  
(If no limit information is provided above, the limit is \$100,000.)

Alleged Participant Aggregate Limit: \$ \_\_\_\_\_  
(If no limit information is provided above, the limit is equal to the Alleged Participant Each Abusive Act Limit.)

No Retention applies.

Solely with respect to an "alleged participant", the Schedule above and the following changes apply to the Abusive Act Liability Coverage Form:

A. For the purposes of this endorsement, Paragraph 1., **Insuring Agreement of Section I – Coverages** is replaced by the following:

### 1. Abusive Act Alleged Participant Coverage

a. We will pay "defense expenses" and "settlements" because of "injury" resulting from an "abusive act" caused by an "alleged participant" to which this insurance applies. We will have the right and duty to defend the "alleged participant" against any "suit" for "injury" resulting from the "abusive act", and we will pay "defense expenses" with respect to any such "suit" we defend. However, we will have no duty to defend the "alleged participant" against any "suit" for "injury" to which this insurance does not apply. We may, at our discretion, investigate and settle any claim or "suit" that may result. But:

(1) The amount we will pay for "defense expenses" and "settlements" on behalf of any "alleged participant" is limited as described in Section D., **Alleged Participant Limits Of Insurance** of this endorsement;

(2) Our right and duty to defend any "alleged participant" ends when we have used up the applicable limit of insurance in the payment of "defense expenses" and "settlements"; and

(3) Any obligation or liability to pay "defense expenses" and "settlements" on behalf of any "alleged participant" ends when any of the following first occurs:

(a) The "alleged participant" is determined to have committed the "abusive act" or is convicted of a criminal offense arising out of an "abusive act" in any criminal proceeding, even if such determination does not constitute a final and appealable judgment;

(b) The "alleged participant" pleads guilty or no contest to a criminal charge or charges arising out of the "abusive act";

- (c) The "alleged participant" admits to his or her personal participation in or condoning of the "abusive act";
- (d) The "alleged participant's" personal participation in or condoning of the "abusive act" is determined to have occurred by a court of competent jurisdiction in a civil action, even if such determination does not constitute a final and appealable judgment; or
- (e) The Alleged Participant Each Abusive Act Limit or the Alleged Participant Aggregate Limit shown in the Schedule above is exhausted.

We have no other obligation or liability to pay "defense expenses" and "settlements".

b. This insurance applies only if:

- (1) The "injury" caused by an "abusive act" begins during a "policy year" within the "policy period";
- (2) The "abusive act" that causes the "injury" begins during the same "policy year"; and
- (3) Coverage is not otherwise provided to an "alleged participant" under the Abusive Act Liability Coverage Form.

c. "Injury" caused by an "abusive act" which begins during any "policy year" includes any continuation, change or resumption of that "injury" from the same "abusive act" after the end of that "policy year." Only the Limits of Insurance of the "policy year" in which the "abusive act" begins will apply to all "defense expenses" and "settlements" because of "injury" occurring during and subsequent to that "policy year."

- B. For the purposes of this endorsement, Exclusion **g.** of Paragraph **2.**, **Exclusions of Section I – Coverages** does not apply.
- C. For the purposes of this endorsement, Paragraphs **3.**, **Supplementary Payments** and **4.**, **Special Supplementary Payments of Section I – Coverages** do not apply.
- D. For the purposes of this endorsement, **Section III – Limits Of Insurance** is replaced by the following:

### **SECTION III - ALLEGED PARTICIPANT LIMITS OF INSURANCE**

- 1. The Limits of Insurance shown in the Schedule above and the rules below fix the most we will pay regardless of the number of:
  - a. "Alleged participants";
  - b. Actual, alleged or threatened "abusive acts";
  - c. Claims made or "suits" brought; or
  - d. Persons or organizations making claims or bringing "suits".
- 2. The Alleged Participant Aggregate Limit shown in the Schedule above is the most we will pay for the sum of all "defense expenses" and "settlements" covered under this endorsement with respect to any one "policy year".
- 3. Subject to Paragraph **2.** above, the Alleged Participant Each Abusive Act Limit shown in the Schedule above is the most we will pay for the sum of all "defense expenses" and "settlements" because of "injury" resulting from any one "abusive act" caused by one or more "alleged participants". If any "abusive act" or "injury" resulting from that "abusive act" occurs in more than one policy or "policy year" that we have issued to you, we will pay "defense expenses" and "settlements" resulting from such "abusive act" from the Limits of Insurance of just the one "policy year" in which the "abusive act" began. Should you not be able to determine exactly which "policy year" was in

effect when the "abusive act" began, you can designate the "policy year" that you reasonably believe was in effect at the beginning of the "abusive act". We will pay all such "defense expenses" and "settlements" from only the Limits of Insurance of that designated "policy year".

4. The Limits of Insurance shown in the Schedule above are separate from the Each Abusive Act Limit and Aggregate Limit shown in the Abusive Act Liability Coverage Form Declarations. The Each Abusive Act Retention shown in the Abusive Act Liability Coverage Form Declarations does not apply.
5. If the same defense counsel is defending:
  - a. An "alleged participant(s)" under the terms and conditions of this endorsement; and
  - b. An insured(s) (who is not an "alleged participant") under the terms and conditions of the Abusive Act Liability Coverage Form,

payment of "defense expenses" and Supplementary Payments shall be apportioned equally by the number of insureds alleged to have committed an "abusive act" as follows:

- (1) "Defense expenses" as provided under this endorsement with respect to any "alleged participant"; and
- (2) Supplementary Payments as provided under the Abusive Act Liability Coverage Form with respect to any insured (who is not an "alleged participant").

6. "Defense expenses" are included within, and are not in addition to, the Limits of Insurance shown in the Schedule above.

**E. For the purposes of this endorsement, the following is added to Paragraph 2., Duties In The Event Of Abusive Act, Claim Or Suit. of Section IV – Conditions:**

- e. In the event of an "abusive act", "injury", claim or "suit", the "alleged participant":

- (1) Agrees in writing to:

- (a) Cooperate with us in the investigation, "settlement" and defense of any claim or "suit";
- (b) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or "suit";
- (c) Notify any other insurer whose coverage is available to the "alleged participant"; and
- (d) Cooperate with us with respect to the coordinating of other applicable insurance available to the "alleged participant"; and

- (2) Will provide us with written authorization to:

- (a) Obtain records and other information related to any claim or "suit"; and
- (b) Conduct and control the defense of the "alleged participant" in such claim or "suit".

**F. For the purposes of this endorsement, the following definitions are added to Section V – Definitions:**

"Alleged participant" means any insured "employee" or "volunteer" who allegedly participated in, directed or knowingly allowed any "abusive act".

"Defense expenses" means all court costs, fees and expenses; all costs, fees and expenses for all attorneys, witnesses, experts, depositions, reported or recorded statements, summonses, service of process, legal transcripts or testimony, copies of any public records, alternative dispute resolution, investigative services, non-employee adjusters, medical examinations, autopsies, medical cost containment and any other fees, costs or expenses reasonably chargeable to the investigation or defense of a claim or "suit" under this insurance. However, "defense expenses" does not include any costs, fees, expenses or penalties associated with any criminal proceedings or any appeal.

“Settlement” means an agreed resolution of a disputed claim or “suit” by payment of money. However, “settlement” does not include any payment of civil judgment or award, or any payment of criminal costs, fees, expenses or penalties.

All other terms and conditions of this policy remain unchanged.

# Prior Criminal Conviction Exclusion Deletion



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

This endorsement modifies insurance provided under the:  
Abusive Act Liability Coverage Form

Exclusion **f.** under Paragraph **2.**, **Exclusions of Section I – Coverages** is deleted in its entirety.

All other terms and conditions of this policy remain unchanged.

<b>SCHEDULE OF INSURED</b>		<i>Administrative Office 1400 American Ln Schaumburg, IL 60196</i>	
		Policy Number:	
<b>Abusive Act Liability</b>			
<b>Insured/Location</b>	<b>Limits of Insurance</b>		
1.	Each Abusive Act Limit	\$	
	Aggregate Limit	\$	
	Each Abusive Act Retention	\$	
	Special Supplementary Payment Limit	\$	
	Alleged Participant Each Abusive Act Limit	\$	
	Alleged Participant Aggregate Limit	\$	
2.	Each Abusive Act Limit	\$	
	Aggregate Limit	\$	
	Each Abusive Act Retention	\$	
	Special Supplementary Payment Limit	\$	
	Alleged Participant Each Abusive Act Limit	\$	
	Alleged Participant Aggregate Limit	\$	
3.	Each Abusive Act Limit	\$	
	Aggregate Limit	\$	
	Each Abusive Act Retention	\$	
	Special Supplementary Payment Limit	\$	
	Alleged Participant Each Abusive Act Limit	\$	
	Alleged Participant Aggregate Limit	\$	
4.	Each Abusive Act Limit	\$	
	Aggregate Limit	\$	
	Each Abusive Act Retention	\$	
	Special Supplementary Payment Limit	\$	
	Alleged Participant Each Abusive Act Limit	\$	
	Alleged Participant Aggregate Limit	\$	

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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 06/30/2008

**Comments:**

**Attachments:**

NAIC PC 3-07 f.pdf

NAIC FFS.pdf

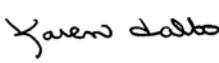
**Satisfied -Name:** Explanatory **Review Status:** Approved 06/30/2008

**Comments:**

**Attachment:**

Explanatory - forms.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			
<b>3. Group Name</b>	<b>Group NAIC #</b>			
Zurich North America	212			
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
American Guarantee and Liability Insurance Company	NY	26247	36-6071400	
American Zurich Insurance Company	IL	40142	36-3141762	
Assurance Company of America	NY	19305	13-6081895	
Colonial American Casualty and Surety Company	MD	34347	52-1096670	
Empire Fire and Marine Insurance Company	NE	21326	47-6022701	
Fidelity and Deposit Company of Maryland	MD	39306	13-3046577	
Maryland Casualty Company	MD	19356	52-0403120	
Northern Insurance Company of New York	NY	19372	13-5283360	
Zurich American Insurance Company	NY	16535	36-4233459	
Zurich American Insurance Company of Illinois	IL	27855	36-2781080	
<b>5. Company Tracking Number</b>	CW OL 27433			
<b>Contact Info of Filer(s) or Corporate Officer(s)</b> [include toll-free number]				
<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Karen Falbo Zurich North America 1400 American Lane Schaumburg, IL 60196	Regulatory Services Analyst	847-605-7545	847-605-7768	karen.falbo@zurichna.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Karen Falbo			
<b>Filing information</b> (see General Instructions for descriptions of these fields)				
<b>9. Type of Insurance (TOI)</b>	17.2 Other Liability-Occ Only			
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.2000 Other Liability			
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]				
<b>12. Company Program Title</b> (Marketing title)	<b>Abusive Act Alleged Participant Supplemental Coverage</b>			
<b>13. Filing Type</b>	<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. Effective Date(s) Requested</b>	New: 8-1-2008		Renewal:	
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

<b>16. Reference Organization</b> (if applicable)	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

### Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	CW OL 27433
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<b>21. 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 the following forms for use with our approved Abusive Act Liability Coverage Form, Form U-GL-1275 (an occurrence form). Please see the explanatory memorandum for further details.

**Abusive Act Alleged Participant Supplemental Coverage, U-GL-1353-A CW**

This is a new endorsement which contemplates a very challenging liability exposure which was specifically excluded in the 1275 form to which it attaches. Due to recent market demand, we have reviewed our position with respect to alleged participants in abusive acts, and have concluded that we can offer this coverage provided that we do it on a defense within limits basis.

**Prior Criminal Conviction Exclusion Deletion, U-GL-1354-A CW**

This is new endorsement for use with our Abusive Act Liability Coverage Form, Form U-GL-1275 (an occurrence form). Upon review of market practices and our desire to maintain competitive in the marketplace, we have determined that the exclusion deleted by this endorsement is no longer needed.

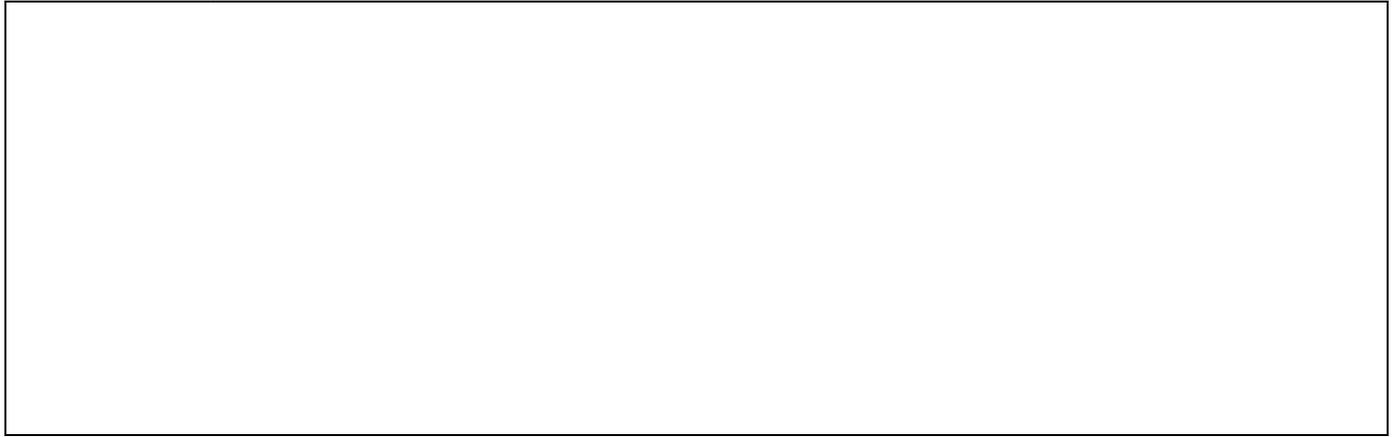
**Schedule of Insureds, U-GL-D-1121-B CW**

This schedule replaces previously filed form U-GL-D-1121-A CW. This version has been modified to include lines for items added by form U-GL-1353.

<b>22. 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]
---

**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.)**

## 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>		<b>CW OL 27433</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<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	Abusive Act Alleged Participant Coverage	U-GL-1353-A CW 06 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Prior Criminal Conviction Exclusion Deletion	U-GL-1354-A CW 06 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Schedule of Insureds	U-GL-D-1121-B-CW 06 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	U-GL-D-1121-A- CW (03/06)	
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		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

## **Explanatory Memorandum**

### **Abusive Act Alleged Participant Supplemental Coverage, U-GL-1353-A CW**

This form is for use with our Abusive Act Liability Coverage Form, Form U-GL-1275 (an occurrence form).

This endorsement contemplates a very challenging liability exposure which was specifically excluded in the 1275 form to which it attaches. Due to recent market demand, we have reviewed our position with respect to alleged participants in abusive acts, and have concluded that we can offer this coverage provided that we do it on a defense within limits basis.

This endorsement is available for optional use on Abusive Act Liability policies. It provides coverage for defense and settlements to individual insureds who are alleged participants in an abusive act. This coverage extension provides an Each Abusive Act Limit and an Aggregate Limit for Alleged Participants shown on the endorsement schedule; these limits are separate from the Limits provided in the Abusive Act Liability Coverage Forms. No deductible applies to this endorsement.

Coverage applies only until one of the following occurs:

- The "alleged participant" is convicted of a criminal offense;
- The "alleged participant" pleads guilty or no contest to a criminal charge;
- The "alleged participant" admits to the "abusive act";
- The "alleged participant's" participation is determined to have occurred by a court in a civil action; or
- The limits in the endorsement schedule are exhausted.

This optional use endorsement is attached to policies at the request of the insured for an additional premium.

### **Prior Criminal Conviction Exclusion Deletion, U-GL-1354-A CW**

This form is for use with our Abusive Act Liability Coverage Form, Form U-GL-1275 (an occurrence form).

Upon review of market practices and our desire to maintain competitive in the marketplace, we have determined that the exclusion deleted by this endorsement is no longer needed.

This form grants an increase in coverage since prior criminal convictions of 'abusive acts' will no longer be included in the exclusions section.

This mandatory endorsement is attached to all instances of the Abusive Act Liability Coverage Form.

### **Schedule of Insureds, U-GL-D-1121-B CW**

This schedule replaces previously filed form U-GL-D-1121-A CW. This version has been modified to include lines for items added by form U-GL-1353.