

SERFF Tracking Number: ACEH-125736059 State: Arkansas  
Filing Company: ACE American Insurance Company State Tracking Number: EFT \$50  
Company Tracking Number: 08-GL-2007733  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: 08-GL-2007733  
Project Name/Number: Catastrophic Management Endorsement/08-GL-2007733

## Filing at a Glance

Company: ACE American Insurance Company

Product Name: 08-GL-2007733

SERFF Tr Num: ACEH-125736059 State: Arkansas

TOI: 17.0 Other Liability - Claims  
Made/Occurrence

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 08-GL-2007733

State Status: Fees verified and  
received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith  
Roberts

Authors: Connie McFarlane, Barb  
Niles, CPCU, ARP, Bob Wolfrom

Disposition Date: 07/16/2008

Date Submitted: 07/16/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Catastrophic Management Endorsement

Status of Filing in Domicile: Pending

Project Number: 08-GL-2007733

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07/16/2008

State Status Changed: 07/16/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to introduce the following new Independent Form.

This optional endorsement will be attached to the ISO Commercial General Liability Policy forms CG 00 01 or CG 00 02.

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## LD-23516 Catastrophe Management Coverage Endorsement (broadens)

Our purpose for filing and utilizing this endorsement applicable to primary GL policies is to offer a broader coverage that entails affording limited Public Relations expense coverage to the Named Insured following a covered occurrence emanating from their product.

This endorsement will be attached to GL policies with deductibles ranging from \$10,000 to \$50,000 and also to policies with Self Insured Retentions ranging from \$25,000 up to \$1 million, where the insured manufactures a tangible product that is used by consumers, or for commercial, retail and or industrial purposes.

There will be no premium charge for this endorsement.

## Company and Contact

### Filing Contact Information

Robert Wolfrom, CPCU, Regulatory Specialist robert.wolfrom@ace-ina.com  
436 Walnut Street (215) 640-5123 [Phone]  
Philadelphia, PA 19106 (215) 640-4986[FAX]

### Filing Company Information

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

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

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ACE American Insurance Company	\$50.00	07/16/2008	21441729

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	07/16/2008	07/16/2008

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*Project Name/Number:* Catastrophic Management Endorsement/08-GL-2007733

## **Disposition**

Disposition Date: 07/16/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	FILE MEMO	Approved	Yes
Form	CATASTROPHE MANAGEMENT COVERAGE 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	CATASTROPHE MANAGEMENT COVERAGE ENDORSEMENT	LD-23516	(06/08)	Endorsement/Amendment/Conditions New		0.00	LD-23516_Cat Mngt Cov End.pdf

## CATASTROPHE MANAGEMENT COVERAGE ENDORSEMENT

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 all insurance provided under the following:**

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART**

**SECTION I., COVERAGES**, is amended to include the following:

Catastrophe Management Costs Limit of Insurance

\$250,000 Annual Limit for each "catastrophe management event"

Catastrophe Management Coverage

- A. Subject to the terms and conditions of this endorsement, we will pay "catastrophe management costs" to third parties at the request of and on behalf of the "insured," arising from a "catastrophe management event" first commencing during the "policy period," up to the amount of the "catastrophe management costs" Limit of Insurance shown in the Declarations.
- B. A "catastrophe management event" will be deemed to first commence at the time during the "policy period" when a "key executive" first becomes aware of an "occurrence" that gives rise to the "catastrophe management event" and will end when we determine that any one of the necessary elements listed in the definition of a "catastrophe management event" no longer exists or when the "catastrophe management cost" Limit of Insurance shown in the Declarations has been exhausted, whichever occurs first.
- C. There will be no "retained limit" applicable to "catastrophe management costs", except as it applies to a determination of whether the definition of "catastrophe management event" applies.
- D. Payment of "catastrophe management costs" will not be applied to or erode the aggregate limits of the policy.
- E. Any payment of "catastrophe management costs" that we make under the coverage provided by this endorsement will not (1) be a determination of any other rights or obligations under this policy, (2) create any duty to defend any "suit" under any other part of this policy, or (3) operate as a waiver of any right or defense we have with respect to the coverage under the policy, including Condition 2. (Duties in the event of "occurrence", claim or "suit.")

F. For purposes of this endorsement, the following definitions are added to the policy:

“Adverse media coverage” means national or regional news exposure in television, radio, print or internet media that is reasonably likely to have a negative impact on the “insured” with respect to its income, reputation, community relations, public confidence or good will.

“Catastrophe management event” means an “occurrence” that, in the good faith opinion of a “key executive” of the Named Insured, has resulted in or is reasonably likely to result in: (1) “bodily injury”, “property damage” or “personal and advertising injury” covered by this policy; (2) damages that are in excess of the “retained limit”; and (3) a need for “catastrophe management services” due to “adverse media coverage”. “Catastrophe management event” will include “occurrences” resulting from: explosions and other man-made disasters; serious accidents resulting in multiple deaths, burns, dismemberment injuries; traumatic brain injuries; permanent paralysis injuries; or injuries from contamination of food, drink or pharmaceuticals.

“Catastrophe management firm” means any firm that is approved by us and hired by you or us to perform “catastrophe management services” in connection with a “catastrophe management event.”

“Catastrophe management services” means those services performed by a “catastrophe management firm” in advising the “insured” on minimizing potential harm to the “insured” from a covered “catastrophe management event” by managing “adverse media coverage” and maintaining and restoring public confidence in the “insured.”

“Catastrophe management costs” means the following reasonable and necessary expenses incurred during a “catastrophe management event” and directly caused by the “catastrophe management event,” but only to the extent that the insured or a third party arranges for such services resulting in these expenses and the expenses are pre-approved by us:

1. expenses incurred by a “catastrophe management firm” in the performance of “catastrophe management services” for the “insured”;
2. expenses for printing, advertising, mailing of materials or travel by directors, officers, employees or agents of the “insured” or the “catastrophe management firm” incurred at the direction of a “catastrophe management firm”; expenses to secure the scene of a “catastrophe management event;”
3. medical expenses; funeral expenses; expenses for psychological counseling; travel expenses; temporary living expenses or other necessary response costs and approved by us, incurred by or advanced to third parties directly harmed by the “catastrophe management event.”

“Catastrophe management costs” do not include any defense costs.

“Key executive” means the Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, President, General Counsel or general partner (if the “insured” is a partnership) or sole proprietor (if the “insured” is a sole proprietorship) of the “insured”. A “key executive” also means any other person holding a title designated by you, approved by us, and shown by endorsement to this policy.

All other terms and conditions of this policy remain unchanged.

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Authorized Agent

*SERFF Tracking Number:* ACEH-125736059                      *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 07/16/2008

**Comments:**

**Attachments:**

AR NAIC Transmittal \_F\_.pdf  
Forms Filing Schedule - GL.pdf

**Satisfied -Name:** FILE MEMO **Review Status:** Approved 07/16/2008

**Comments:**

**Attachment:**

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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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 USA	626

4. Company Name(s)	Domicile	NAIC #	FEIN #
ACE American Insurance Company	PA	22667	95-2371728

<b>5. Company Tracking Number</b>	08-GL-2007733
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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
	Robert Wolfrom 510 Walnut Street WB04G Philadelphia, PA 19106	Sr Regulatory Specialist	(215) 640- 5123	(215) 640-4986	Robert.wolfrom@ace- ina.com

<b>7.</b> Signature of authorized filer	
<b>8.</b> Please print name of authorized filer	Robert Wolfrom

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

9.	Type of Insurance (TOI)	Other Liability
10.	Sub-Type of Insurance (Sub-TOI)	Commercial General Liability
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 checked="" 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:    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>	7/16/08	
<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>	08-GL-2007733
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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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The purpose of this filing is to introduce the following new Independent Form.  
 This optional endorsement will be attached to the ISO Commercial General Liability Policy forms CG 00 01 or CG 00 02.

### **LD-23516 Catastrophe Management Coverage Endorsement** (broadens)

Our purpose for filing and utilizing this endorsement applicable to primary GL policies is to offer a broader coverage that entails affording limited Public Relations expense coverage to the Named Insured following a covered occurrence emanating from their product.

This endorsement will be attached to GL policies with deductibles ranging from \$10,000 to \$50,000 and also to policies with Self Insured Retentions ranging from \$25,000 up to \$1 million, where the insured manufactures a tangible product that is used by consumers, or for commercial, retail and or industrial purposes.

There will be no premium charge for this endorsement.

<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.

## ACE Forms Schedule

	<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>Broaden, Restrict, or Clarify</b>	<b>Mandatory / Optional/ Rate Impact</b>
01	Catastrophe Management Coverage Endorsement	LD-23516 (06/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input checked="" type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input checked="" type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		<input type="checkbox"/> Broaden <input type="checkbox"/> Restrict <input type="checkbox"/> Clarify	<input type="checkbox"/> Mandatory <input type="checkbox"/> Optional <input type="checkbox"/> Rate Impact

## **FILING MEMORANDUM**

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