

SERFF Tracking Number: LDDX-125771426 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR AR0185301F01
TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
Product Name: Aviation Related Programs
Project Name/Number: Aviation Related Programs/AR AR0185301F01

Filing at a Glance

Company: Old Republic Insurance Company

Product Name: Aviation Related Programs

TOI: 22.0 Aircraft

Sub-TOI: 22.0000 Aircraft

Filing Type: Form

Effective Date Requested (New): 10/01/2008

Effective Date Requested (Renewal):

SERFF Tr Num: LDDX-125771426 State: Arkansas

SERFF Status: Closed

Co Tr Num: AR AR0185301F01

Co Status:

Author: SPI ORChicago

Date Submitted: 08/12/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Disposition Date: 08/13/2008

Disposition Status: Approved

Effective Date (New): 10/01/2008

Effective Date (Renewal):

10/01/2008

State Filing Description:

General Information

Project Name: Aviation Related Programs

Project Number: AR AR0185301F01

Reference Organization:

Reference Title:

Filing Status Changed: 08/13/2008

State Status Changed: 08/13/2008

Corresponding Filing Tracking Number:

Filing Description:

We are submitting for your review and approval replacement endorsement detailed below for use with our already approved Airport Tenants Liability (AP) program. We have included a mark up version of the changes.

AP5A (01-08) - Single Limit Comprehensive General Liability Insurance - Coverage Part

Replaces AP5A (02/05).

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: LDDX-125771426 *State:* Arkansas
Filing Company: Old Republic Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: AR AR0185301F01
TOI: 22.0 Aircraft *Sub-TOI:* 22.0000 Aircraft
Product Name: Aviation Related Programs
Project Name/Number: Aviation Related Programs/AR AR0185301F01

We request an effective date of October 1, 2008 or the earliest date possible.

Company and Contact

Filing Contact Information

Connie Aragonas, State Filing Analyst caragonas@oldrepublic.com
 307 N. Michigan Avenue (312) 762-4535 [Phone]
 Chicago, IL 60601 (312) 762-4950[FAX]

Filing Company Information

Old Republic Insurance Company	CoCode: 24147	State of Domicile: Pennsylvania
307 N. Michigan Avenue	Group Code: 150	Company Type:
Chicago , IL 60601	Group Name:	State ID Number:
(312) 762-4800 ext. [Phone]	FEIN Number: 25-0410420	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic Insurance Company	\$50.00	08/12/2008	21896525

SERFF Tracking Number: LDDX-125771426 State: Arkansas
 Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AR AR0185301F01
 TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
 Product Name: Aviation Related Programs
 Project Name/Number: Aviation Related Programs/AR AR0185301F01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/13/2008	08/13/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Single Limit Form Comprehensive General Liability Insurance - Coverage Part		SPI ORChicago	08/13/2008	08/13/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Missing Form	Note To Filer	Llyweyia Rawlins	08/13/2008	08/13/2008

SERFF Tracking Number: LDDX-125771426 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR AR0185301F01
TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
Product Name: Aviation Related Programs
Project Name/Number: Aviation Related Programs/AR AR0185301F01

Disposition

Disposition Date: 08/13/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal): 10/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LDDX-125771426 State: Arkansas
 Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AR AR0185301F01
 TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
 Product Name: Aviation Related Programs
 Project Name/Number: Aviation Related Programs/AR AR0185301F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing memorandum, side by side comparison	Approved	Yes
Form (revised)	Single Limit Comprehensive General Liability Insurance - Coverage Part	Approved	Yes
Form	Single Limit Comprehensive General Liability Insurance - Coverage Part	Approved	No

SERFF Tracking Number: LDDX-125771426 State: Arkansas
 Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AR AR0185301F01
 TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
 Product Name: Aviation Related Programs
 Project Name/Number: Aviation Related Programs/AR AR0185301F01

Amendment Letter

Amendment Date:
 Submitted Date: 08/13/2008

Comments:

Attached please find the form for your review.

Thanks,
 Connie Aragonas

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Single Limit Comprehensive General Liability Insurance - Coverage Part	AP5A	(01-08)	Endorsement/Amendment/Conditions	Replaced	AP5A		0	AP5A.PDF

SERFF Tracking Number: LDDX-125771426 *State:* Arkansas
Filing Company: Old Republic Insurance Company *State Tracking Number:* EFT \$50
Company Tracking Number: AR AR0185301F01
TOI: 22.0 Aircraft *Sub-TOI:* 22.0000 Aircraft
Product Name: Aviation Related Programs
Project Name/Number: Aviation Related Programs/AR AR0185301F01

Note To Filer

Created By:

Llyweyia Rawlins on 08/13/2008 08:22 AM

Subject:

Missing Form

Comments:

Hello Connie

I did not receive the replacement form AP5A (01-08) in the form schedule tab. Please attach this form so I can finish reviewing this filing.

Thank You

Llyweyia Rawlins

SERFF Tracking Number: LDDX-125771426 State: Arkansas
 Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AR AR0185301F01
 TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
 Product Name: Aviation Related Programs
 Project Name/Number: Aviation Related Programs/AR AR0185301F01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Single Limit Comprehensive General Liability Insurance - Coverage Part	AP5A	(01-08)	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 AP5A Previous Filing #:		AP5A.PDF

OLD REPUBLIC INSURANCE COMPANY
SINGLE LIMIT
COMPREHENSIVE GENERAL LIABILITY INSURANCE – COVERAGE PART

Only with respect to (list applicable coverage part) under the description of hazards, it is agreed that Provision III Limits of Liability of the Comprehensive General Liability Insurance – Coverage Part is hereby amended to read as follows:

Regardless of the number of (1) insureds under this policy, (2) persons or organizations who sustain “**bodily injury**” or “**property damage**”, or (3) claims made or suits brought on account of “**bodily injury**” or “**property damage**”, the company’s liability is limited as follows:

Coverage A and B Single Limit – The total liability of the company for damages because of “**bodily injury**” sustained by an one person as a result of any one occurrence shall not exceed \$ _____.

The total liability of the company for all damages because of “**property damage**” sustained by one or more persons or organizations as a result of any one occurrence shall not exceed \$ _____.

Subject to the above, the total liability of the company for all damages because of “**bodily injury**” and all “**property damage**” sustained by one or more persons or organizations as a result of any one occurrence shall not exceed \$ _____.

The total liability of the company for all damages because of (1) all “**bodily injury**” and all “**property damage**” included within the completed operations hazard and (2) all “**bodily injury**” and all “**property damage**” included within the products hazard shall not exceed the combined single aggregate limit of \$ _____.

For the purpose of determining the limit of the company’s liability, all “**bodily injury**” and “**property damage**” arising out of continuous or repeated exposure to substantially the same general condition shall be considered as arising out of one occurrence.

Nothing herein contained shall vary, alter, waive or extend any of the terms, provisions, representations, conditions or agreements of the policy other than as above stated.

This endorsement becomes effective _____, to be attached to and hereby made a part of Policy No. _____ issued through OLD REPUBLIC INSURANCE COMPANY, issued to: _____

This endorsement shall not be valid unless approved by the Aviation Managers.
Date of issue 00-00-0000 Phoenix Aviation Managers, Inc.

BY _____

SERFF Tracking Number: LDDX-125771426 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: AR AR0185301F01
TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
Product Name: Aviation Related Programs
Project Name/Number: Aviation Related Programs/AR AR0185301F01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/13/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: Filing memorandum, side by side
comparison **Review Status:** Approved 08/13/2008

Comments:

Attachments:

Filing memorandum.PDF
side by side comparison.PDF

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

3. Group Name	Group NAIC #			
Old Republic Insurance Group	0150			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Old Republic Insurance Company	PA	24147	25-0410420	

5. Company Tracking Number	AR AR0185301F01
-----------------------------------	-----------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Connie Aragones 307 N. Michigan Avenue Chicago IL 60601	State Filing Analyst	800-621-0365 Ext. 4535	312-762-4950	caragones@oldrepublic.com
7.	Signature of authorized filer		<i>Connie Aragones</i>		
8.	Please print name of authorized filer		Connie Aragones		

Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	22.0 Aircraft		
10.	Sub-Type of Insurance (Sub-TOI)	22.0000 Aircraft		
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	N/A		
12.	Company Program Title (Marketing Title)	Airport Liability		
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: October 1, 2008	Renewal: October 1, 2008	
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16.	Reference Organization (if applicable)	N/A		
17.	Reference Organization # & Title	N/A		
18.	Company's Date of Filing	August 12, 2008		
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

**Old Republic Insurance Company
Airport Tenants Liability (AP) Program
Form Filing Memorandum**

We are submitting for your review and approval replacement endorsement detailed below for use with our already approved Airport Tenants Liability (AP) program. We have included a mark up version of the changes.

AP5A (01-08) – Single Limit Comprehensive General Liability Insurance – Coverage Part

✓ Replaces AP5A (02/05).

Withdrawn Forms Listing

D = Declaration, E = Endorsement; M = Mandatory Usage, O = Optional Usage, R = Restrictive, C = Clarifying,
B = Broadening

Form #	Edition Date	Form Title	Type of Form	R, C, or B	Use
AP5A	(02/05)	Single Limit Comprehensive General Liability Insurance-Coverage Part	E	C	O

Revised Forms Listing

D = Declaration, E = Endorsement; M = Mandatory Usage, O = Optional Usage, R = Restrictive, C = Clarifying,
B = Broadening

Form #	Edition Date	Form Title	Type of Form	R, C, or B	Use
AP5A	(01-08)	Single Limit Comprehensive General Liability Insurance-Coverage Part	E	C	O

OLD REPUBLIC INSURANCE COMPANY

SINGLE LIMIT COMPREHENSIVE GENERAL LIABILITY INSURANCE – COVERAGE PART

Only with respect to (list applicable coverage part) under the description of hazards, it is agreed that Provision III Limits of Liability of the Comprehensive General Liability Insurance – Coverage Part is hereby amended to read as follows:

Regardless of the number of (1) insureds under this policy, (2) persons or organizations who sustain bodily injury” or “property damage”, or (3) claims made or suits brought on account of “bodily injury” or “property damage”, the company’s liability is limited as follows:

Coverage A and B Single Limit – The total liability of the company for damages because of “bodily Injury” sustained by any one person as a result of any one occurrence shall not exceed \$ _____.

The total liability of the company for all damages because of “property damage” sustained by one or more persons or organizations as a result of any one occurrence shall not exceed \$ _____.

Subject to the above, the total liability of the company for all damages because of all “bodily injury” and all “property damage” sustained by one or more persons or organizations as a result of any one occurrence shall not exceed \$ _____.

The total liability of the company for all damages because of (1) all “bodily injury” and all “property damage” included within the completed operations hazard and (2) all “bodily injury” and all “property damage” included within the products hazard shall not exceed the combined single aggregate limit of \$_____.

For the purpose of determining the limit of the company’s liability, all “bodily injury” and “property damage” arising out of continuous or repeated exposure to substantially the same general condition shall be considered as arising out of one occurrence.

~~Such aggregate limit shall apply separately to the property damage described in subparagraphs (1) and (2), and separately with respect to each project away from premises owned by or rented to the “named insured”.~~

~~Coverages A and B – For the purpose of determining the limit of the company’s liability, all “bodily injury” and “property damage” arising out of continuous or repeated exposure to substantially the same general conditions shall be considered as arising out of one occurrence.~~

~~Combined Single Limit of Liability \$ _____ Each Occurrence
\$ _____ Aggregate~~

Nothing herein contained shall vary, alter, waive or extend any of the terms, provisions, representations, conditions or agreements of the policy other than as above stated.

This endorsement becomes effective _____ to be attached to and hereby made
a part of Policy No. _____ issued through OLD REPUBLIC INSURANCE COMPANY,
issued to: _____

This endorsement shall not be valid unless approved by the Aviation Managers of the company.
Date of issue _____ Phoenix Aviation Managers, Inc.

BY _____

<i>SERFF Tracking Number:</i>	<i>LDDX-125771426</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Old Republic Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR AR0185301F01</i>		
<i>TOI:</i>	<i>22.0 Aircraft</i>	<i>Sub-TOI:</i>	<i>22.0000 Aircraft</i>
<i>Product Name:</i>	<i>Aviation Related Programs</i>		
<i>Project Name/Number:</i>	<i>Aviation Related Programs/AR AR0185301F01</i>		

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	Single Limit Comprehensive General Liability Insurance - Coverage Part	08/12/2008	