

SERFF Tracking Number: PERR-125765716 State: Arkansas  
Filing Company: Valiant Insurance Company State Tracking Number: #? \$?  
Company Tracking Number: DSIC-GL-VD-AR-08-01-F  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: Vacant Dwelling Program  
Project Name/Number: DSIC-GL-VD-AR-08-01-F /DSIC-GL-VD-AR-08-01-F

## Filing at a Glance

Company: Valiant Insurance Company  
Product Name: Vacant Dwelling Program SERFF Tr Num: PERR-125765716 State: Arkansas  
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: #? \$?  
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: DSIC-GL-VD-AR-08-01-F State Status: Fees verified and received  
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts  
Authors: Faviola Jimenez, Lois Pimentel Disposition Date: 08/19/2008  
Date Submitted: 08/07/2008 Disposition Status: Withdrawn  
Effective Date Requested (New): 01/01/2009 Effective Date (New):  
Effective Date Requested (Renewal): 01/01/2009 Effective Date (Renewal):  
State Filing Description:  
submitted on behalf of wrong company - withdrawn

## General Information

Project Name: DSIC-GL-VD-AR-08-01-F Status of Filing in Domicile: Pending  
Project Number: DSIC-GL-VD-AR-08-01-F Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 08/19/2008 Deemer Date:  
State Status Changed: 08/19/2008  
Corresponding Filing Tracking Number: N/A  
Filing Description:  
On behalf of Diamond State Insurance Company ("The Company"), we are filing to propose changes to the general liability forms under their Vacant Dwelling program. The new and revised forms/endorsements are described in more detail in Attachment A. See enclosed filing memorandum for further details.

The Company respectfully requests that the proposed forms be implemented for all policies effective on January 1,

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 2009.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

We trust you will find this submission acceptable, and as such look forward to your approval. Please do not hesitate to contact us with any questions or comments.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Faviola Jimenez , Filing Analyst doi@perrknight.com  
 881 Alma Real Drive (310) 230-9339 [Phone]  
 Pacific Palisades, CA 90272 (310) 230-8529[FAX]

### Filing Company Information

Valiant Insurance Company	CoCode: 26611	State of Domicile: Delaware
110 William Street 30th Floor	Group Code:	Company Type: Property and Casualty
New York, NY 10038	Group Name:	State ID Number:
(954) 788-5170 ext. [Phone]	FEIN Number: 52-0976199	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	AR filing fee is \$50 per form submission
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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Valiant Insurance Company \$0.00 08/07/2008

*SERFF Tracking Number:* PERR-125765716      *State:* Arkansas  
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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
103547	\$50.00	08/07/2008

SERFF Tracking Number: PERR-125765716 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Edith Roberts	08/19/2008	08/19/2008

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to Withdraw	Note To Reviewer	Faviola Jimenez	08/08/2008	08/08/2008
RE: Selected Company	Note To Reviewer	Faviola Jimenez	08/07/2008	08/07/2008

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## **Disposition**

Disposition Date: 08/19/2008

Effective Date (New):

Effective Date (Renewal):

Status: Withdrawn

Comment: submitted on behalf of wrong company

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125765716 State: Arkansas  
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Withdrawn	No
Supporting Document	Filing Memo, Appendix & Letter of Authorization	Withdrawn	No
Form	Independent Contractors - Total Exclusion	Withdrawn	No
Form	Independent Contractors - Conditional Exclusion	Withdrawn	No
Form	Injury to Independent Contractors and Employees of Independent Contractors Exclusion	Withdrawn	No
Form	Indoor Air Quality Exclusion	Withdrawn	No
Form	Lead Liability Exclusion	Withdrawn	No
Form	Asbestos and Silica Exclusion	Withdrawn	No
Form	Punitive & Exemplary Damages Exclusion	Withdrawn	No
Form	Limitation of Coverage to Premises/Operations	Withdrawn	No
Form	Multi-Exclusion Endorsement	Withdrawn	No

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**Note To Reviewer**

**Created By:**

Faviola Jimenez on 08/08/2008 10:46 AM

**Subject:**

Request to Withdraw

**Comments:**

Thank you for your review of the above referenced filing. At this time, would like to withdraw this filing from review. We will resubmit this filing with the correct company.

Thank you for your assistance.

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**Note To Reviewer**

**Created By:**

Faviola Jimenez on 08/07/2008 06:05 PM

**Subject:**

RE: Selected Company

**Comments:**

After submitting this filing, we notice that the incorrect Company was selected on the Companies and Contact tab. We are filing on behalf of Diamond State Insurance Company and not Valiant Insurance Company. Please advise how we could amend/correct this on SERFF. Thank you very much for your time and assistance with this matter.

Please feel free to contact me via SERFF or telephone @ 888.201.5123 x 147.

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Withdrawn	Independent Contractors - Total Exclusion	F275	05/2008	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 F275 (09/1998) Previous Filing #: Data not available		F275 - Independent Contractors-Total Exclusion.pdf
Withdrawn	Independent Contractors - Conditional Exclusion	F276	05/2008	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 F276 (09/1998) Previous Filing #: Data not available		F276 - Independent Contractors-Conditional Exclusion.pdf
Withdrawn	Injury to Independent Contractors and Employees of Independent Contractors Exclusion	F277	05/2008	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 F277 (09/1998) Previous Filing #: Data not available		F277 - Injury to Independent Contractors and Employees of Independent Contractors.pdf
Withdrawn	Indoor Air Quality Exclusion	F637	05/2008	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 F637 (05/2001) Previous Filing #: Data not available		F637 - Indoor Air Quality Exclusion.pdf
Withdrawn	Lead Liability Exclusion	F638	05/2008	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 F638 (05/2001) Previous Filing #: Data not available		F638 - Lead Liability Exclusion.pdf
Withdrawn	Asbestos and	F657	05/2008	Endorsement New		0.00	F657 -

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Withdrawn	Description	Code	Date	Endorsement/Condition	Value	File Name
	Silica Exclusion			nt/Amendment/Conditions		Asbestos and Silica Exclusion.pdf
Withdrawn	Punitive & Exemplary Damages Exclusion	F658	05/2008	Endorsement/Amendment/Conditions	0.00	F658 - Punitive & Exemplary Damages Exclusion.pdf
Withdrawn	Limitation of Coverage to Premises/Operations	F119		Endorsement/Amendment/Conditions	Replaced Form #:0.00	Previous Filing #: Data not available
Withdrawn	Multi-Exclusion Endorsement	F161		Endorsement/Amendment/Conditions	Replaced Form #:0.00	Previous Filing #: Data not available



**POLICY NUMBER:**

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

## **INDEPENDENT CONTRACTORS – TOTAL EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

This insurance does not apply to “bodily injury”, “property damage” or “personal and advertising injury” arising out of operations performed for you or on your behalf, by any “volunteer worker”, independent contractor or sub-contractor of yours.

**POLICY NUMBER:**

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

## **INDEPENDENT CONTRACTORS – CONDITIONAL EXCLUSION**

This endorsement modifies insurance provided under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE PART**

This insurance does not apply to “bodily injury”, “property damage” or “personal and advertising injury” arising out of operations performed for you or on your behalf, by any independent contractor or sub-contractor of yours, unless such contractor has in force general liability coverage including “products-completed operations hazard” and contractual liability coverage, with limits equal to the limits on this policy and on which you are named as a additional insured.

**POLICY NUMBER:**

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

**INJURY TO INDEPENDENT CONTRACTORS  
AND EMPLOYEES OF INDEPENDENT CONTRACTORS EXCLUSION**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

This insurance does not apply to "bodily injury" sustained by any independent contractor and/or any employee of an independent contractor contracted by you or on your behalf, unless such independent contractor has a Workers' Compensation Policy, Employee Accident Policy or Non-Subscriber Legal Liability Policy in force to cover such employee injuries.

This exclusion applies:

1. Whether the insured may be liable as an employer or in any other capacity;
2. To any obligation to share damages with or repay someone else who must pay damages because of the injury; or
3. To liability assumed by the insured under an "insured contract."

**POLICY NUMBER:**

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

## **INDOOR AIR QUALITY EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of, resulting from, caused or contributed to by mold, mildew and/or other conditions affecting indoor air quality; or
2. The cost of abatement, mitigation, removal or disposal of mold, mildew and/or other conditions affecting indoor air quality.

This exclusion also includes:

- a. Any supervision, instructions, recommendations, warnings, or advice given or which should have been given in connection with the above; and
- b. Any obligation to share damages with or repay someone else who must pay damages because of such injury or damage.

**POLICY NUMBER:**

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

## **LEAD LIABILITY EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of, resulting from, caused by or contributed to by inhalation, ingestion or prolonged physical exposure to lead or lead paint or any goods or products containing lead;
2. The cost of abatement, mitigation, removal or disposal of lead, lead paint or any product or material containing lead.

This exclusion also applies to:

- a. Any supervision, instructions, recommendations, warnings, or advice given or which should have been given in connection with the above; and
- b. Any obligation to share damages with or repay someone else who must pay damages because of such injury or damage.

**POLICY NUMBER:**

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

## **ASBESTOS AND SILICA EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

This insurance does not apply to:

- (1) "Bodily injury", "property damage" or "personal and advertising injury" arising out of, resulting from, caused or contributed to by asbestos or silica; or
- (2) The cost of abatement, mitigation, removal or disposal of asbestos or silica.

This exclusion also includes:

- (a) Any supervision, instructions, recommendations, warnings, or advice given or which should have been given in connection with the above; and
- (b) Any obligation to share damages with or repay someone else who must pay damages because of such injury or damage.

**POLICY NUMBER:**

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

**PUNITIVE & EXEMPLARY DAMAGES EXCLUSION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

This insurance does not apply to punitive damages, exemplary damages, fines, penalties, treble damages, or any other increase in damages resulting from the multiplication of compensatory damages.

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*SERFF Tracking Number:*      *PERR-125765716*                      *State:*                      *Arkansas*  
*Filing Company:*              *Valiant Insurance Company*                      *State Tracking Number:*      *#? \$?*  
*Company Tracking Number:*      *DSIC-GL-VD-AR-08-01-F*  
*TOI:*                      *17.2 Other Liability - Occurrence Only*                      *Sub-TOI:*                      *17.2001 Commercial General Liability*  
*Product Name:*                      *Vacant Dwelling Program*  
*Project Name/Number:*              *DSIC-GL-VD-AR-08-01-F /DSIC-GL-VD-AR-08-01-F*

## **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:** Withdrawn 08/19/2008

**Comments:**

**Attachment:**

2007 NAIC FFS + GL.pdf

**Satisfied -Name:** Filing Memo, Appendix & Letter of  
Authorization **Review Status:** Withdrawn 08/19/2008

**Comments:**

**Attachments:**

DSIC GL Form memo - change states.pdf

Appendix A.pdf

P&K Third-Party Authorization Letter - Vacant Dwellings.pdf

**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>DSIC-GL-VD-AR-08-01-F</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)		N/A		
<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	Independent Contractors - Total Exclusion	F275 (05/2008)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02	Independent Contractors - Conditional Exclusion	F276 (05/2008)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03	Injury to Independent Contractors and Employees of Independent Contractors Exclusion	F277 (05/2008)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
04	Indoor Air Quality Exclusion	F637 (05/2008)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05	Lead Liability Exclusion	F638 (05/2008)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06	Asbestos and Silica Exclusion	F657 (05/2008)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
07	Punitive & Exemplary Damages Exclusion	F658 (05/2008)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
08	Limitation of Coverage to Premises/Operations	F119	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09	Multi-Exclusion Endorsement	F161	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
11			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
12			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

## **Diamond State Insurance Company**

### Vacant Dwelling – General Liability

#### Forms Memorandum

Diamond State Insurance Company (“The Company”) is filing to introduce new forms and propose changes to existing general liability forms under their Vacant Dwelling program. The proposed forms/endorsements are included in this submission and are addressed in the attached forms list. In addition, the new and revised forms/endorsements are described in more detail in Attachment A.

**UnitedAmerica Insurance Group**  
**Vacant Dwelling Program - General Liability**  
**Proposed Changes to the Current Forms**

Liability Endorsements	Explanation for use	Description of Changes made to form	Mandatory (M) or Optional (O)
1 Limitation of Coverage to Premises/Operations (F119)		<b>WITHDRAW</b>	
2 Multi-Exclusion Endorsement (F161) <b>Vacant &amp; Renovations only</b>	Mandatory Endorsement attached to all policies with Commercial General Liability Coverage Part. Modifies	<b>WITHDRAW</b>	M
3 Independent Contractors-Total Exclusion (F275) <b>Renovations only</b> <b>Old Ed 09 98</b> <b>New Ed 05 08</b>	Optional endorsement. Excludes coverage for Independent Contractors totally.	Language amended to modify most recent ISO form	O
4 Independent Contractors-Conditional Exclusion (F276) <b>Renovations only</b> <b>Old Ed 09 98</b> <b>New Ed 05 08</b>	Optional endorsement. Provides conditional coverage to defend or investigate if insured is named as an additional insured under the independent contractor or sub-contractor's comprehensive liability policy.	Language amended to modify most recent ISO form	O
5 Exclusion-Injury to Independent Contractors & Employees of Independent Contractors (F277)  <b>Renovations only</b> <b>Old Ed 09 98</b> <b>New Ed 05 08</b>	Optional endorsement but must be attached when F276 is requested.	Language amended to modify most recent ISO form	O
6 Indoor Air Quality Exclusion (F637) <b>Vacant &amp; Renovations only</b> <b>Old Ed 05 01</b> <b>New Ed 05 08</b>	Mandatory Endorsement attached to all policies with Commercial General Liability Coverage Part. Endorsement excludes injury or damage arising out of, resulting from, caused or contributed to by mold, mildew and/or other conditions affecting indoor air quality.	Language amended to fit updated ISO wording.	M
7 Lead Exclusion (F638) <b>Vacant &amp; Renovations only</b> <b>Old Ed 05 01</b> <b>New Ed 05 08</b>	Mandatory Endorsement attached to all policies with Commercial General Liability Coverage Part.	Language amended to fit updated ISO wording.	M
8 Asbestos and Silica Exclusion (F657) <b>Ed 05 08</b>	Excludes Asbestos and Silica	<b>NEW FORM – was part of General Multi Exclusion F161</b>	M
9 Punitive & Exemplary Damages Exclusion (F658) <b>Ed 05 08</b>	Excludes Punitive & Exemplary Damages	<b>NEW FORM – was part of F161 that is being withdrawn</b>	M



**UnitedAmerica** Insurance Group

**Andrea Seuren**  
*Vice –President, Product Management*  
P: 610.660.5449  
F: 610.668.3399  
aseuren@uai-group.com

May 1, 2008

To: State Insurance Department

**RE: Authorization of Perr & Knight, Inc.  
DIAMOND STATE INSURANCE COMPANY  
Vacant Dwellings Program  
Rates, Rules, and Forms**

To Whom It May Concern:

Diamond State Insurance Company, NAIC Number 920-42048, is an admitted insurer in your state with an A rating from A.M. Best.

Diamond State Insurance Company hereby grants authorization to Perr & Knight, Inc. to file the above referenced filing on its behalf. We further grant Perr & Knight, Inc. authorization to respond directly to the Department of Insurance on any questions that may be raised concerning this filing. This authorization is continuous until modified or revoked by Diamond State Insurance Company.

If you have any questions regarding this authorization, please contact me. My direct phone number is 610-660-5449. My fax number is 610-668-3399. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Andrea Seuren'.

Andrea Seuren  
Vice President – Product Management