

SERFF Tracking Number: PERR-125782794 State: Arkansas
 Filing Company: Valiant Insurance Company State Tracking Number: #103751 \$50
 Company Tracking Number: VIC-OL-ISO-AR-08-01-F
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
 Product Name: Other Liability - ISO Adoption
 Project Name/Number: VIC-OL-ISO-AR-08-01-F/VIC-OL-ISO-AR-08-01-F

Filing at a Glance

Company: Valiant Insurance Company
 Product Name: Other Liability - ISO Adoption SERFF Tr Num: PERR-125782794 State: Arkansas
 TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: #103751 \$50
 Made/Occurrence
 Sub-TOI: 17.0000 Other Liability Sub-TOI Co Tr Num: VIC-OL-ISO-AR-08-01- State Status: Fees verified and
 Combinations F received
 Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith
 Roberts, Brittany Yielding
 Authors: Faviola Jimenez, Lois Disposition Date: 08/26/2008
 Pimentel
 Date Submitted: 08/22/2008 Disposition Status: Approved
 Effective Date Requested (New): 09/01/2008 Effective Date (New):
 Effective Date Requested (Renewal): 09/01/2008 Effective Date (Renewal):
 State Filing Description:

General Information

Project Name: VIC-OL-ISO-AR-08-01-F Status of Filing in Domicile: Pending
 Project Number: VIC-OL-ISO-AR-08-01-F Domicile Status Comments:
 Reference Organization: Insurance Services Office, Inc (ISO) Reference Number: All currently approved
 forms
 Reference Title: Advisory Org. Circular:
 Filing Status Changed: 08/26/2008 Deemer Date:
 State Status Changed: 08/26/2008
 Corresponding Filing Tracking Number:
 Filing Description:
 On behalf of Valiant Insurance Company (the "Company"), we are filing initial forms for commercial other liability. The Company is a member of Insurance Services Office, Inc. ("ISO") and has given ISO the authority to file on their behalf where permitted. With this filing, the Company is adopting the current approved ISO forms for general liability and umbrella in your state. Please see the enclosed filing memorandum for details.

SERFF Tracking Number: PERR-125782794 State: Arkansas
Filing Company: Valiant Insurance Company State Tracking Number: #103751 \$50
Company Tracking Number: VIC-OL-ISO-AR-08-01-F
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Other Liability - ISO Adoption
Project Name/Number: VIC-OL-ISO-AR-08-01-F/VIC-OL-ISO-AR-08-01-F

Please note that this filing is applicable to a combination of Sub-TOIs: 17.0001 Commercial General Liability and 17.0020 Commercial Umbrella and Excess.

The Company respectfully requests that the proposed forms be implemented for all policies effective on and after effective September 1, 2008.

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.

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

Filing Fees

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

SERFF Tracking Number: PERR-125782794 State: Arkansas
Filing Company: Valiant Insurance Company State Tracking Number: #103751 \$50
Company Tracking Number: VIC-OL-ISO-AR-08-01-F
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Other Liability - ISO Adoption
Project Name/Number: VIC-OL-ISO-AR-08-01-F/VIC-OL-ISO-AR-08-01-F
Per Company: No

SERFF Tracking Number: PERR-125782794 State: Arkansas
Filing Company: Valiant Insurance Company State Tracking Number: #103751 \$50
Company Tracking Number: VIC-OL-ISO-AR-08-01-F
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Other Liability - ISO Adoption
Project Name/Number: VIC-OL-ISO-AR-08-01-F/VIC-OL-ISO-AR-08-01-F

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Valiant Insurance Company	\$0.00	08/22/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
103751	\$50.00	08/20/2008

SERFF Tracking Number: PERR-125782794 State: Arkansas
Filing Company: Valiant Insurance Company State Tracking Number: #103751 \$50
Company Tracking Number: VIC-OL-ISO-AR-08-01-F
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Other Liability - ISO Adoption
Project Name/Number: VIC-OL-ISO-AR-08-01-F/VIC-OL-ISO-AR-08-01-F

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/26/2008	08/26/2008

SERFF Tracking Number: PERR-125782794 State: Arkansas
Filing Company: Valiant Insurance Company State Tracking Number: #103751 \$50
Company Tracking Number: VIC-OL-ISO-AR-08-01-F
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Other Liability - ISO Adoption
Project Name/Number: VIC-OL-ISO-AR-08-01-F/VIC-OL-ISO-AR-08-01-F

Disposition

Disposition Date: 08/26/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125782794 State: Arkansas
 Filing Company: Valiant Insurance Company State Tracking Number: #103751 \$50
 Company Tracking Number: VIC-OL-ISO-AR-08-01-F
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
 Product Name: Other Liability - ISO Adoption
 Project Name/Number: VIC-OL-ISO-AR-08-01-F/VIC-OL-ISO-AR-08-01-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memo & Letter of Authorization	Approved	Yes
Form	Policy Jacket	Approved	Yes
Form	Commercial General Liability Declarations	Approved	Yes
Form	Products Liability Application	Approved	Yes
Form	Casualty Contractors Application	Approved	Yes
Form	Owners, Landlords and Tenants Liability Application	Approved	Yes
Form	Application Supplement Fraud Warnings	Approved	Yes
Form	Disclosure Pursuant to Terrorism Risk Insurance Act	Approved	Yes
Form	Policyholder Disclosure Notice of Terrorism Insurance Coverage	Approved	Yes

SERFF Tracking Number: PERR-125782794 State: Arkansas
 Filing Company: Valiant Insurance Company State Tracking Number: #103751 \$50
 Company Tracking Number: VIC-OL-ISO-AR-08-01-F
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
 Product Name: Other Liability - ISO Adoption
 Project Name/Number: VIC-OL-ISO-AR-08-01-F/VIC-OL-ISO-AR-08-01-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Policy Jacket	VIC-JAC-01	05 08	Other	New		0.00	VIC-JAC-01 (0508) Policy Jacket.pdf
Approved	Commercial General Liability Declarations	VIC-GL-DEC-01	05 08	Declaration	New s/Schedule		0.00	VIC-GL-DEC-01.pdf
Approved	Products Liability Application	VIC-GL-APP-01	07 08	Application/ Binder/Enrollment	New		0.00	Products Liability Application.pdf
Approved	Casualty Contractors Application	VIC-GL-APP-02	07 08	Application/ Binder/Enrollment	New		0.00	Contractors Application.pdf
Approved	Owners, Landlords and Tenants Liability Application	VIC-GL-APP-03	07 08	Application/ Binder/Enrollment	New		0.00	OLT Application.pdf
Approved	Application Supplement Fraud Warnings	VIC-APP-01	05 08	Application/ Binder/Enrollment	New		0.00	VIC-APP-01 Fraud Warning Supplement.pdf
Approved	Disclosure Pursuant to Terrorism Risk Insurance Act	IL 09 85 01 08	01 08	Endorsement/Amendment/Conditions	New		0.00	TRIA Disclosure.pdf
Approved	Policyholder Disclosure Notice of Terrorism Insurance Coverage			Disclosure/ Notice	New		0.00	TRIA election form.pdf



110 William Street, 30th Floor
New York, NY 10038
www.valiantinsurance.com

“READ YOUR POLICY CAREFULLY”

This policy is a legal contract between the policy owner and Valiant Insurance Company.

In Witness Whereof, the Insurer has caused this Policy to be executed by its authorized officers, but this Policy will not be valid unless signed on the Declarations page by a duly authorized representative of the Insurer.

Mailing Address: Valiant Insurance Company
110 William Street, 30th Floor
New York, NY 10038



Gary Dubois, President



Ursula Kerrigan, Secretary



COMMERCIAL GENERAL LIABILITY DECLARATIONS

Company:

Producer:

Valiant Insurance Company
110 William Street, 30th floor
New York, NY 10038

Policy Number:

Named Insured:

Mailing Address:

Form of Business:

Individual____ Partnership____ Joint Venture____ Limited Liability Co____ Trust____
Organization, including a corporation (but not including a partnership, joint venture or limited liability
company____

Business

Description: _____

Policy Period:

to

At 12:01 A.M. time at your mailing address shown above

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE
TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS
STATED IN THIS POLICY.**

Limits of Insurance:

Each Occurrence Limit	\$
General Aggregate Limit	\$
Products/Completed Operations Aggregate Limit:	\$
Personal & Advertising Injury Limit	\$
Damage to Premises Rented to You	\$

Deductible Amount: \$ _____ Per Occurrence including Allocated Loss
Adjustment Expense.

Classification and Premium:

Classification	Code No.	Exposure Base	Exposure Amount	Rate	Premium

Total Advance Premium:
Total Minimum Premium:
Total Policy Premium:

**THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND
COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE
NUMBERED POLICY.**

AUTHORIZED SIGNATURE



Products Liability Application

Applicant's Instructions:

- 1. Answer all questions. If the answer to any question is NONE, please state NONE. Do not use N/A or Not Applicable.
- 2. Please read carefully the statement at the end of this application and provide copies of all information requested.

Applicant Information:

Proposed Effective Date of Insurance:

A. Full Name of the applicant and all subsidiary companies.

B. Address of home office or principal location:

C. List of additional locations:

D. Website: www. _____

If you do not have a website that describes your product, please attach a copy of any brochures representing all products.

E. Please select one:

- a. Corporation _____
- b. Partnership _____
- c. Proprietorship _____
- d. Other (specify) _____

F. How many years has the applicant been in business under the current name? _____

G. Prior to the existence of this operation, have any of the principals, partners or owners ever been engaged in this or similar enterprises under a different name?

Yes _____ No _____ (if yes, list details in the space at the end of the application)

H. Please provide the name and telephone number of the person we may contact in order to arrange for an inspection of your operation:

- i. Name _____
- ii. Title _____
- iii. Phone # _____

Coverage Specifications:

Requested

Current

1st Previous Year	\$ _____	_____	_____	_____
2nd Previous Year	\$ _____	_____	_____	_____
3rd Previous Year	\$ _____	_____	_____	_____
4th Previous Year	\$ _____	_____	_____	_____

Quality Control

- | | |
|---|---------------|
| A. Do you have a quality control and testing procedure? | Y or N |
| B. Can you identify your product from those of competitors? | Y or N |
| C. Have your products ever been subject to inquiry or investigation relative to Product safety by any government agency? If yes, please attach details. | Y or N |
| D. Do you do your own design work? | Y or N |
| E. Are your products designed, tested, labeled and manufactured to meet or Exceed all government and industry standards? | Y or N |
| F. Are your designs subject to independent external review, testing or certification? | Y or N |
| G. Do you have a written product recall plan? If yes, please attach a copy. | Y or N |
| H. Have you ever recalled any products? If yes, please attach details. | Y or N |

Claims Information:

Please list claims information representing the last 5 years. Please attach recently valued (dated within 45 days of the date this application is completed) hard copy loss runs. Please include insurance carrier loss runs and if applicable, loss runs from any third party administrator hired by the insured to handle claims within a self insured retention.

<u>Insurance Carrier</u>	<u>Policy Term</u>	<u># of Claims</u>	<u>Total Incurred</u>	<u>Deductible or SIR amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list individual losses excess of \$10,000, net of any deductible or SIR including all expenses:

<u>Date of Claim</u>	<u>Description of Claim</u>	<u>Total Incurred</u>	<u>Open or Closed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note- completion of this application creates no obligation upon the applicant to accept insurance or upon Valiant Insurance Company to offer insurance.

By signing this application, I am attesting to the accuracy of the information provided. If any information provided by the applicant in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the applicant that the coverage, if under binder or policy is subject to immediate cancellation.

Signature of Applicant: _____ Date: _____

Print name and title _____

Name of Broker _____



Casualty Contractors Application

Applicant's Instructions:

1. Answer all questions. If the answer to any question is NONE, please state NONE. Do not use N/A or Not Applicable.
2. Please read carefully the statement at the end of this application and provide copies of all information requested.

Applicant Information:

Proposed Effective Date of Insurance:

- A. Full Name of the applicant and all subsidiary companies.

- B. Address of home office or principal location:

- C. List of additional locations:

- D. Website: www. _____

- E. Please select one:

- a. Corporation _____
- b. Partnership _____
- c. Proprietorship _____
- d. Other (specify) _____

- F. How many years has the applicant been in business under the current name? _____

- G. Prior to the existence of this operation, have any of the principals, partners or owners ever been engaged in this or similar enterprises under a different name?

Yes _____ No _____ (if yes, list details in the space at the end of the application)

- H. Please provide the name and telephone number of the person we may contact in order to arrange for an inspection of your operation:

- i. Name _____
- ii. Title _____
- iii. Phone # _____

Coverage Specifications:

	<u>Requested</u>	<u>Current</u>
<i>Limits of insurance:</i>	\$ _____ Each Occurrence	\$ _____ Each Occurrence
	\$ _____ Aggregate	\$ _____ Aggregate

Deductible/SIR: \$ _____

Retroactive Date (if applicable): _____

Present Insurer: _____ *and expiring premium:* _____

Has any insurer ever cancelled, restricted or refused to renew your products liability insurance?

Yes _____ No _____ If yes, please list details in the space at the end of this application.

Description of Contracting Operations:

Please provide a complete description of your operations including any work that has been discontinued.

A. What work is subcontracted? Please list:

Description of work:	% of total	Subcontracted Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Are certificates of insurance required from all contractors? **Y or N**

What limits are required? _____

C. Are you (the applicant) added as an additional insured by all sub-contractors? **Y or N**

D. Are you held harmless by sub contractors via a written contract? **Y or N**

if yes, please provide a sample copy of the contract.

E. Is a formal safety plan in operation? **Y or N**

F. **Please complete:**

	<u>New Construction</u>	<u>Remodel/Repair</u>
% Residential work:	_____	_____
% Commercial Work:	_____	_____
(Apartment work is considered commercial)		

For G through N, Please explain any “yes” answers in the space at the end of the application.

- G. Does the applicant draw plans, designs or specifications? **Y or N**
- H. Do operations include blasting or utilize or store explosive material? **Y or N**
- I. Do operations include excavation, tunneling, underground work or earth moving? **Y or N**
- J. Do operations include the use of any cranes or scaffolding? **Y or N**
- K. Do operations include any bridge work? **Y or N**
- L. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material? **Y or N**
- M. Does the applicant perform work under any wrap-up agreements?
Is that insured under a separate policy? **Y or N**
- N. Any medical facilities provided or doctors employed/contracted? **Y or N**
- O. Any operations sold, acquired or discontinued in last 5 years? **Y or N**

Historical Receipts and Payroll

	<u>Receipts</u>	<u>Payroll</u>
Estimated (next 12 months)	\$ _____	\$ _____
Past 12 months:	\$ _____	\$ _____
1 st Previous Year:	\$ _____	\$ _____
2 nd Previous Year:	\$ _____	\$ _____
3 rd Previous Year:	\$ _____	\$ _____
4 th Previous Year:	\$ _____	\$ _____

Claims Information:

Please list claims information representing the last 5 years. Please attach recently valued (dated within 45 days of the date this application is completed) hard copy loss runs. Please include insurance carrier loss runs and if applicable, loss runs from any third party administrator hired by the insured to handle claims within a self insured retention.

<u>Insurance Carrier</u> <u>amount</u>	<u>Policy Term</u>	<u># of Claims</u>	<u>Total Incurred</u>	<u>Deductible or SIR</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list individual losses excess of \$10,000, net of any deductible or SIR including all expenses:

<u>Date of Claim</u>	<u>Description of Claim</u>	<u>Total Incurred</u>	<u>Open or Closed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- A. Are you aware of any other incidents, conditions, circumstances, defects or suspected defects, injuries or property damage which may result in claims against you? **Y or N**
if yes, please provide details in the space at the end of this application.
- B. If you have been self-insured or had a self-insured retention, who adjusted the claims and established reserves? _____
- C. Have you ever been involved or named in any class action, multi-claimant or multi-district litigation or lawsuit? **Y or N**
if yes, please provide details in the space at the end of this application.

Please list current and recently completed jobs, including work performed, duration and cost.

- Latest annual report.
- 10K Report (if publicly traded).
- Current audited financial statement (or pro forma)

Note- completion of this application creates no obligation upon the applicant to accept insurance or upon Valiant Insurance Company to offer insurance.

By signing this application, I am attesting to the accuracy of the information provided. If any information provided by the applicant in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the applicant that the coverage, if under binder or policy is subject to immediate cancellation.

Signature of Applicant: _____ Date:

Print name and title _____

Name of Broker _____



Owners, Landlords and Tenants Liability Application

Applicant's Instructions:

- 1. Answer all questions. If the answer to any question is NONE, please state NONE. Do not use N/A or Not Applicable.
- 2. Please read carefully the statement at the end of this application and provide copies of all information requested.

Applicant Information:

Proposed Effective Date of Insurance: _____

A. Full Name of the applicant and all subsidiary companies.

B. Address of home office or principal location:

C. Website: www. _____

D. Please select one:

- a. Corporation _____
- b. Partnership _____
- c. Proprietorship _____
- d. Other (specify) _____

E. How many years has the applicant been in business under the current name? _____

F. Prior to the existence of this operation, have any of the principals, partners or owners ever been engaged in this or similar enterprises under a different name?

Yes _____ No _____ (if yes, list details in the space at the end of the application)

G. Please provide the name and telephone number of the person we may contact in order to arrange for an inspection of your operation:

- i. Name _____
- ii. Title _____
- iii. Phone # _____

Coverage Specifications:

	<u>Requested</u>	<u>Current</u>
Limits of insurance:	\$ _____ Each Occurrence	\$ _____ Each Occurrence
	\$ _____ Aggregate	\$ _____ Aggregate

Deductible/SIR: \$ _____

Retroactive Date (if applicable): _____

Present Insurer: _____ **and expiring premium:** _____

Has any insurer ever cancelled, restricted or refused to renew your products liability insurance?

Yes _____ No _____ If yes, please list details in the space at the end of this application.

Nature of Business/Description of Operations:

Please provide a complete description of your operations:

List of locations. Please attach a list of all locations to be covered under this insurance. Please include the following for each location:

- i. Address
- ii. # of stories
- iii. Age of building
- iv. Square footage
- v. # of apartment units
- vi. Information on fire/life safety – sprinklers, smoke detectors, fire escapes, etc.
- vii. Occupancy

- B. Does the applicant have any contracting operations? If yes, please list at the end of this application. Y or N
- C. Does the applicant employ security staff? If yes, please list at the end of the application the number of armed personnel and the total number of security staff. Y or N
- D. Are parking facilities provided? Y or N
of spaces _____
- E. Do any of the locations to be insured have swimming pools? Y or N
of pools _____ Depth of pools _____ # of lifeguards _____ Fenced? _____
- F. Any other recreation facilities provided? (i.e. playground, beach, etc) Y or N
- G. Does the applicant sell or serve alcoholic beverages? If yes, please attach a Completed and signed Valiant Liquor Liability Application. Y or N

<u>Historical Exposures</u>	<u># of Locations</u>	<u>Square feet</u>	<u># of Units</u>
Estimated (next 12 months)	_____	_____	_____
Past 12 months	_____	_____	_____

1st Previous Year	_____	_____	_____
2nd Previous Year	_____	_____	_____
3rd Previous Year	_____	_____	_____
4th Previous Year	_____	_____	_____

Claims Information:

Please list claims information representing the last 5 years. Please attach recently valued (dated within 45 days of the date this application is completed) hard copy loss runs. Please include insurance carrier loss runs and if applicable, loss runs from any third party administrator hired by the insured to handle claims within a self insured retention.

<u>Insurance Carrier</u>	<u>Policy Term</u>	<u># of Claims</u>	<u>Total Incurred</u>	<u>Deductible or SIR amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list individual losses excess of \$10,000, net of any deductible or SIR including all expenses:

<u>Date of Claim</u>	<u>Description of Claim</u>	<u>Total Incurred</u>	<u>Open or Closed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If there is not enough space to include information on all claims excess of \$10,000, please attach a separate sheet.

- A. Are you aware of any other incidents, conditions, circumstances, defects or suspected defects, injuries or property damage which may result in claims against you? if yes, please provide details in the space at the end of this application. **Y or N**
- B. If you have been self-insured or had a self-insured retention, who adjusted the claims and established reserves? _____
- C. Have you ever been involved or named in any class action, multi-claimant or multi-district

Note- completion of this application creates no obligation upon the applicant to accept insurance or upon Valiant Insurance Company to offer insurance.

By signing this application, I am attesting to the accuracy of the information provided. If any information provided by the applicant in this application is found to be false or misleading and would alter the Company's decision to provide the insurance coverage applied for, it is agreed between the Company and the applicant that the coverage, if under binder or policy is subject to immediate cancellation.

Signature of Applicant: _____ Date: _____

Print name and title _____

Name of Broker _____



VALIANT INSURANCE COMPANY

APPLICATION SUPPLEMENT FRAUD WARNINGS

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO APPLICANTS IN REMAINING STATES: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.



THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

Endorsement No.

Named Insured: _____ Effective Date: _____

Policy Number: _____

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

Terrorism Premium (Certified Acts) \$

This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(s):

Additional information, if any, concerning the terrorism premium:

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 85% of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31), the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

C. Cap On Insurer Participation In Payment Of Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.



**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. The term “act of terrorism” means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS’ LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

Acceptance or Rejection of Terrorism Insurance Coverage

	I hereby elect to purchase terrorism coverage for a premium of \$_____
	I hereby decline to purchase terrorism coverage for certified acts of terrorism. I understand that I will have no coverage for losses resulting from certified Acts of terrorism.

Policyholder/Applicant’s Signature

Print Name

Date

SERFF Tracking Number: PERR-125782794 State: Arkansas
Filing Company: Valiant Insurance Company State Tracking Number: #103751 \$50
Company Tracking Number: VIC-OL-ISO-AR-08-01-F
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Other Liability - ISO Adoption
Project Name/Number: VIC-OL-ISO-AR-08-01-F/VIC-OL-ISO-AR-08-01-F

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125782794 State: Arkansas
Filing Company: Valiant Insurance Company State Tracking Number: #103751 \$50
Company Tracking Number: VIC-OL-ISO-AR-08-01-F
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Other Liability - ISO Adoption
Project Name/Number: VIC-OL-ISO-AR-08-01-F/VIC-OL-ISO-AR-08-01-F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 08/26/2008

Comments:

Attachment:

2007 NAIC FFS.pdf

Satisfied -Name: Filing Memo & Letter of
Authorization **Review Status:** Approved 08/26/2008

Comments:

Attachments:

Filing Memo - Forms.pdf

PKauthorLTR.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.)

1.	This filing transmittal is part of Company Tracking #	VIC-OL-ISO-AR-08-01-F			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Policy Jacket	VIC-JAC-01 (05/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Commercial General Liability Declarations	VIC-GL-DEC-01 (05/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Products Liability Application	VIC-GL-APP-01 (07/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Casualty Contractors Application	VIC-GL-APP-02 (07/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Owners, Landlords and Tenants Liability Application	VIC-GL-APP-03 (07/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Application Supplement Fraud Warnings	VIC-APP-01 (05/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Disclosure Pursuant to Terrorism Risk Insurance Act	IL 09 85 01 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	Policyholder Disclosure Notice of Terrorism Insurance Coverage		<input checked="" 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		

**VALIANT INSURANCE COMPANY
COMMERCIAL OTHER LIABILITY
COMMERCIAL OTHER LIABILITY - UMBRELLA**

FORM FILING MEMORANDUM

On behalf of Valiant Insurance Company (the "Company"), we are filing initial forms for commercial other liability. This includes the general liability and umbrella sub-lines. The Company is a member of Insurance Services Office, Inc. ("ISO") and has given ISO the authority to file on their behalf where permitted. With this filing the Company is adopting ISO forms that have been approved for use in your state along with the Company independent forms that are enclosed for your review.

The following forms are being submitted with this filing in addition to the ISO forms and endorsements approved for use in your state:

Form Title	Form Number
Policy Jacket	VIC-JAC-01 (05/08)
COMMERCIAL GENERAL LIABILITY DECLARATIONS	VIC-GL-DEC-01 (05/08)
Commercial Insurance Application	ACORD 125
Commercial General Liability Section	ACORD 126
Umbrella/Excess Section	ACORD 131
Products Liability Application	VIC-GL-APP-01 (07/08)
Casualty Contractors Application	VIC-GL-APP-02 (07/08)
Owners, Landlords and Tenants Liability Application	VIC-GL-APP-03 (07/08)
APPLICATION SUPPLEMENT FRAUD WARNINGS	VIC-APP-01 (05/08)
Terrorism Forms and Notices	
Disclosure Pursuant to Terrorism Risk Insurance Act	IL 09 85 01 08
POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE	

As this is our initial filing, the impact is 0.0%.

April 25, 2008

To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of Valiant Insurance Company. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed in be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight, Inc. at the following address:

State Filings Department
Perr&Knight, Inc.
881 Alma Real Drive, Suite 205
Pacific Palisades, CA 90272
Tel: (888) 201-5123
Fax: (310) 230-1061

Please contact me at 212.608.3098 if you have any questions regarding this authorization.

Sincerely,



Ursula Kerrigan
SVP & General Counsel
Valiant Insurance Group
110 William Street - 30th Floor
New York, NY 10038
Ursula.kerrigan@valiantinsurance.com
212.608.3098