

SERFF Tracking Number: PHLX-125774850 State: Arkansas
Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: PR AR0036402F01
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
Product Name: Social Services Pkg
Project Name/Number: Social Services Pkg/PR AR0036402F01

Filing at a Glance

Company: Philadelphia Indemnity Insurance Company

Product Name: Social Services Pkg SERFF Tr Num: PHLX-125774850 State: Arkansas
TOI: 17.1 Other Liability - Claims Made Only SERFF Status: Closed State Tr Num: EFT \$50
Sub-TOI: 17.1019 Professional Errors & Omissions Liability Co Tr Num: PR AR0036402F01 State Status: Fees verified and received
Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts
Author: SPI PhiladelphiaIndemnity Disposition Date: 08/19/2008
Date Submitted: 08/13/2008 Disposition Status: Approved
Effective Date Requested (New): 09/15/2008 Effective Date (New):
Effective Date Requested (Renewal): Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Social Services Pkg Status of Filing in Domicile:
Project Number: PR AR0036402F01 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 08/19/2008
State Status Changed: 08/19/2008 Deemer Date:
Corresponding Filing Tracking Number:

Filing Description:

The Philadelphia Indemnity Insurance Company is filing for your review and approval, the attached endorsement designed for use with its Human Services Organization program.

Abuse or Molestation Sublimit Endorsement PI-HS-012 (08/08) is an optional endorsement designed to pay for damages from a professional incident arising out of actual or threatened physical or sexual abuse or molestation. It modifies coverage under our Human Services Organization Professional Liability Claims Made Coverage Form PI-HS-

<i>SERFF Tracking Number:</i>	<i>PHLX-125774850</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Philadelphia Indemnity Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PR AR0036402F01</i>		
<i>TOI:</i>	<i>17.1 Other Liability - Claims Made Only</i>	<i>Sub-TOI:</i>	<i>17.1019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Social Services Pkg</i>		
<i>Project Name/Number:</i>	<i>Social Services Pkg/PR AR0036402F01</i>		

004.

The attached form is new and does not replace any existing form.

Corresponding Rule Page PL-HS-RU (08/08) is being filed under separate cover.

We would like to implement this filing on the earlier of September 15, 2008 or the first date possible after receiving your Department's approval.

Company and Contact

Filing Contact Information

Gary Corbi, Senior Compliance Analyst
 One Bala Plaza (610) 617-5980 [Phone]
 Bala Cynwyd, PA 19004 (866) 374-1070[FAX]

Filing Company Information

Philadelphia Indemnity Insurance Company	CoCode: 18058	State of Domicile: Pennsylvania
One Bala Plaza	Group Code: 677	Company Type:
Suite 100		
Bala Cynwyd, PA 19004	Group Name: Philadelphia Insurance Companies	State ID Number:
(610) 617-7900 ext. [Phone]	FEIN Number: 231738402	

Filing Fees

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

SERFF Tracking Number: *PHLX-125774850* *State:* *Arkansas*
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TOI: *17.1 Other Liability - Claims Made Only* *Sub-TOI:* *17.1019 Professional Errors & Omissions*
Product Name: *Social Services Pkg*
Project Name/Number: *Social Services Pkg/PR AR0036402F01*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Philadelphia Indemnity Insurance Company	\$50.00	08/13/2008	21923846

SERFF Tracking Number: PHLX-125774850 State: Arkansas
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Correspondence Summary

Dispositions

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

SERFF Tracking Number: PHLX-125774850 State: Arkansas
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Company Tracking Number: PR AR0036402F01
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions
Liability
Product Name: Social Services Pkg
Project Name/Number: Social Services Pkg/PR AR0036402F01

Disposition

Disposition Date: 08/19/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PHLX-125774850 State: Arkansas
 Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: PR AR0036402F01
 TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
 Product Name: Social Services Pkg
 Project Name/Number: Social Services Pkg/PR AR0036402F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Abuse or Molestation Sublimit 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	Abuse or Molestation Sublimit Endorsement	PI-HS-012	(08/08)	Endorsement/New Amendment/Conditions		0.00	PI-HS-012.PDF

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ABUSE OR MOLESTATION SUBLIMIT ENDORSEMENT

This endorsement modifies insurance provided under the following:

HUMAN SERVICES ORGANIZATION PROFESSIONAL LIABILITY CLAIMS MADE COVERAGE FORM

Limits of Insurance

_____ per person abused or molested regardless of the number of incidents involving that person, including defense cost

_____ aggregate per policy period

A. Coverage

We will pay those sums that the insured becomes legally obligated to pay as “damages” because of a “professional incident” resulting in “injury” arising out of:

1. The actual or threatened physical or sexual abuse or molestation by anyone or any person while in the care, custody or control of any insured; or
2. The negligent:
 - (a) Employment;
 - (b) Investigation;
 - (c) Supervision;
 - (d) Reporting to the proper authorities, or failure to so report; or
 - (e) Retentionof a person for whom any insured is or ever was legally responsible and whose conduct is described in 1. above.
3. The negligent failure to provide professional services or neglect of the therapeutic needs of a client, patient or other person because of the conduct described in 1. above.

B. Exclusions

1. We will not pay any claim or defense costs on behalf of any person who:
 - (a) Personally takes part in inflicting physical or sexual abuse, sexual molestation, sexual exploitation or sexual injury upon another person; or
 - (b) Remains passive upon gaining knowledge of any alleged physical or sexual abuse, sexual

molestation, sexual exploitation, or sexual injury committed by an employee or volunteer of the insured.

2. **B. Exclusion 23.** is deleted in its entirety.

C. Limits of Insurance

1. The most we will pay for a claim is the Limit of Insurance shown above.
2. Multiple incidents of abuse or molestation involving a person which take place over multiple policy periods for which this coverage is provided by us shall be deemed as one incident and shall be subject to the coverage and limits in effect at the time of the first incident.
3. Payment under this coverage shall be included in the Aggregate Limit of Insurance shown in **Section III – Limits of Insurance**. All other provisions of **Section III – Limits of Insurance** do not apply to coverage defined in this endorsement.

D. Definitions

1. **“Injury”** means physical injury to a person, sickness, disease, emotional distress, mental anguish, including death resulting from any of these.

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Product Name: *Social Services Pkg*
Project Name/Number: *Social Services Pkg/PR AR0036402F01*

Rate Information

Rate data does NOT apply to filing.

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Company Tracking Number: PR AR0036402F01
TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions
Liability
Product Name: Social Services Pkg
Project Name/Number: Social Services Pkg/PR AR0036402F01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 08/19/2008

Comments:
Attachments:
ARPCTDforms.PDF
ARFFS-1.PDF

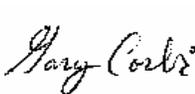
Property & Casualty Transmittal Document

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: 50%; 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 #			
Philadelphia Insurance Companies	0677			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Philadelphia Indemnity Insurance Company	PA	18058	231738402	

5. Company Tracking Number	PR AR0036402F01
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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
	Gary F. Corbi One Bala Plaza, Suite 100 Bala Cynwyd PA 19004	Product Development Specialist	610-617-5980	866-374-1070	
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Gary F. Corbi		

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

9.	Type of Insurance (TOI)	17.1 Other Liability - Claims Made		
10.	Sub-Type of Insurance (Sub-TOI)	17.1019 Professional Errors & Omissions Liability		
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	N/A		
12.	Company Program Title (Marketing Title)	Human Services		
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:	September 15, 2008	Renewal: September 15, 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 13, 2008		
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	PR AR0036402F01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The Philadelphia Indemnity Insurance Company is filing for your review and approval, the attached endorsement designed for use with its Human Services Organization program.

Abuse or Molestation Sublimit Endorsement PI-HS-012 (08/08) is an optional endorsement designed to pay for damages from a professional incident arising out of actual or threatened physical or sexual abuse or molestation. It modifies coverage under our Human Services Organization Professional Liability Claims Made Coverage Form PI-HS-004.

The attached form is new and does not replace any existing form.

A corresponding rule page filing is being made under separate cover.

We would like to implement this filing on the earlier of September 15, 2008 or the first date possible after receiving your Department's approval.

22.	<p>Filing Fees (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> <p>Check #: EFT Amount: \$50.00</p> <p>SERFF Filing Number: n/a</p> <p style="text-align: center;">Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>
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***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	PR AR0036402F01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	PR AR0036402R01
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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	Abuse or Molestation Sublimit Endorsement	PI-HS-012 (08/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		