

SERFF Tracking Number: SCTT-125768356 State: Arkansas
Filing Company: Scottsdale Indemnity Company State Tracking Number: EFT \$50
Company Tracking Number: AB AR04158ICF01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: Insurance Agents and Brokers Professional Liability
Project Name/Number: 4158 Insurance Agents and Brokers Professional Liability/AB AR04158NCF01

Filing at a Glance

Company: Scottsdale Indemnity Company

Product Name: Insurance Agents and Brokers Professional Liability SERFF Tr Num: SCTT-125768356 State: Arkansas

Professional Liability

TOI: 17.0 Other Liability - Claims Made/Occurrence

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Co Tr Num: AB AR04158ICF01

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Kristin Abbott

Disposition Date: 08/11/2008

Date Submitted: 08/08/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: 4158 Insurance Agents and Brokers Professional Liability

Status of Filing in Domicile: Pending

Project Number: AB AR04158NCF01

Domicile Status Comments:

Reference Organization: n/a

Reference Number: n/a

Reference Title: n/a

Advisory Org. Circular: n/a

Filing Status Changed: 08/11/2008

State Status Changed: 08/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Scottsdale Indemnity Company is filing one revised and one new endorsement for our Insurance Agents and Brokers Professional Liability program. We request an effective date concurrent with your Department's approval.

Please find attached the two following endorsements:

SERFF Tracking Number: SCTT-125768356 State: Arkansas
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ABI-4 (7-08) Amend Exclusion A.5. Reinsurance Endorsement which replaces the (11-07) edition. The endorsement has been revised to add "or Defense Costs" wording where the word "Damages" appears.

ABI-84 (6-08) Separate Defense Limit Endorsement is new.

The corresponding rates for endorsement ABI-84 have been submitted under separate cover as required by your Department.

Company and Contact

Filing Contact Information

Kristin Abbott, Filings Analyst II
 PO Box 4110
 Scottsdale, AZ 85261
 abbottk@scottsdaleins.com
 (800) 423-7675 [Phone]

Filing Company Information

Scottsdale Indemnity Company
 PO Box 4110
 Scottsdale, AZ 85261
 (800) 423-7675 ext. [Phone]
 CoCode: 15580
 Group Code: 140
 Group Name:
 FEIN Number: 31-1117969
 State of Domicile: Ohio
 Company Type:
 State ID Number:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Scottsdale Indemnity Company	\$50.00	08/08/2008	21868055

SERFF Tracking Number: SC TT-125768356 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/11/2008	08/11/2008

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Liability
Product Name: Insurance Agents and Brokers Professional Liability
Project Name/Number: 4158 Insurance Agents and Brokers Professional Liability/AB AR04158NCF01

Disposition

Disposition Date: 08/11/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SCTT-125768356 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Amend Exclusion A.5. Reinsurance Endorsement	Approved	Yes
Form	Separate Defense Limit 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	Amend Exclusion A.5. Reinsurance Endorsement	ABI-4	7-08	Endorsement/Amendment/Conditions	Replaced Form #: 11-07 Previous Filing #:	0.00	ABI-4 7-08.pdf ABI-4 7-08 comp.pdf
Approved	Separate Defense Limit Endorsement	ABI-84	6-08	Endorsement/Amendment/Conditions		0.00	ABI-84 6-08.pdf

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND EXCLUSION A.5. REINSURANCE ENDORSEMENT

This endorsement modifies insurance provided under the following:

INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY POLICY

Exclusion **A.5.** of Section **III. EXCLUSIONS** is deleted in its entirety and is replaced by the following:

- 5. any actual or alleged placement of or failure to place any reinsurance, any actual or alleged sale or failure to sell any securities other than mutual funds, variable annuities or variable life insurance, any actual or alleged performance of or failure to perform any actuarial services, or any actual or alleged commingling of or failure to collect or safeguard any money;

The exclusion above is completed by the paragraph with an "x" in any box below:

- provided, however, this exclusion shall not apply to any **Claim** based on, directly or indirectly arising out of or resulting from the placement of or failure to place stop loss reinsurance.
- provided, however, this exclusion shall not apply to \$_____ of **Damages** or **Defense Costs** as a result of any **Claim** based on, directly or indirectly arising out of or resulting from the placement of or failure to place stop loss reinsurance, which shall be the maximum aggregate limit of the **Company's** liability for all **Damages** and **Defense Costs** as a result of all such **Claims** under this Policy and which shall be part of, and not in addition to, the applicable **Limits of Liability** stated in **Item 2.** of the Declarations.
- provided, however, this exclusion shall not apply to any **Claim** based on, directly or indirectly arising out of or resulting from the placement of or failure to place reinsurance.
- provided, however, this exclusion shall not apply to \$_____ of **Damages** or **Defense Costs** as a result of any **Claim** based on, directly or indirectly arising out of or resulting from the placement of or failure to place reinsurance, which shall be the maximum aggregate limit of the **Company's** liability for all **Damages** and **Defense Costs** as a result of all such **Claims** under this Policy and which shall be part of, and not in addition to, the applicable **Limits of Liability** stated in **Item 2.** of the Declarations.

All other terms and conditions of this Policy remain unchanged.

_____/_____
 AUTHORIZED REPRESENTATIVE

 DATE

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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This endorsement modifies insurance provided under the following:

INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY POLICY

Exclusion **A.5.** of Section **III. EXCLUSIONS** is deleted in its entirety and is replaced by the following:

5. any actual or alleged placement of or failure to place any reinsurance, any actual or alleged sale or failure to sell any securities other than mutual funds, variable annuities or variable life insurance, any actual or alleged performance of or failure to perform any actuarial services, or any actual or alleged commingling of or failure to collect or safeguard any money;

The exclusion above is completed by the paragraph with an "x" in any box below:

- provided, however, this exclusion shall not apply to any **Claim** based on, directly or indirectly arising out of or resulting from the placement of or failure to place stop loss reinsurance.
- provided, however, this exclusion shall not apply to \$_____ of **Damages or Defense Costs** as a result of any **Claim** based on, directly or indirectly arising out of or resulting from the placement of or failure to place stop loss reinsurance, which shall be the maximum aggregate limit of the **Company's** liability for all **Damages and Defense Costs** as a result of all such **Claims** under this Policy and which shall be part of, and not in addition to, the applicable **Limits of Liability** stated in **Item 2.** of the Declarations.
- provided, however, this exclusion shall not apply to any **Claim** based on, directly or indirectly arising out of or resulting from the placement of or failure to place reinsurance.
- provided, however, this exclusion shall not apply to \$_____ of **Damages or Defense Costs** as a result of any **Claim** based on, directly or indirectly arising out of or resulting from the placement of or failure to place reinsurance, which shall be the maximum aggregate limit of the **Company's** liability for all **Damages and Defense Costs** as a result of all such **Claims** under this Policy and which shall be part of, and not in addition to, the applicable **Limits of Liability** stated in **Item 2.** of the Declarations.

All other terms and conditions of this Policy remain unchanged.

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SEPARATE DEFENSE LIMIT ENDORSEMENT

This endorsement modifies insurance provided under the following:

INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY POLICY

Notwithstanding Paragraph **C.** of Section **IV. LIMITS OF LIABILITY AND RETENTION**, the **Company's** payment of the first one million dollars (\$1,000,000) of **Defense Costs** will not reduce or exhaust the **Limits of Liability**.

All other terms and conditions of this Policy remain unchanged.

AUTHORIZED REPRESENTATIVE

DATE

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 08/11/2008

Comments:

Attachment:

AB AR4158icfpctd.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 08/11/2008

Comments:

Attachment:

AB AR4158icfcvrltr.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

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:	
New Business	
Renewal Business	
f. State Filing #:	
g. SERFF Filing #:	
h. Subject Codes	

3. Group Name	Group NAIC #
Nationwide	140

4. Company Name(s)	Domicile	NAIC #	FEIN #
Scottsdale Indemnity Company	OH	15580	31-1117969

5. Company Tracking Number	AB AR04158ICF01
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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
	Kristin Abbott PO Box 4110 Scottsdale, AZ 85261-4110	Filings Analyst I	800 423-7675 x3140	480-368-5820	abbottk@scottsdaleins.com
7.	Signature of authorized filer		<i>Kristin Abbott</i>		
8.	Please print name of authorized filer		Kristin Abbott		

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

9. Type of Insurance (TOI)	17.0 Other Liability – Claims Made/Occurrence
10. Sub-Type of Insurance (Sub-TOI)	17.0019 Professional Errors & Omissions Liability
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Insurance Agents and Brokers Professional 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: Upon Approval Renewal: Upon Approval
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 8, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	AB AR04158ICF01
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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Scottsdale Indemnity Company is filing one revised and one new endorsement for our Insurance Agents and Brokers Professional Liability program. We request an effective date concurrent with your Department's approval.

Please find attached the two following endorsements:

ABI-4 (7-08) Amend Exclusion A.5. Reinsurance Endorsement which replaces the (11-07) edition. The endorsement has been revised to add "or Defense Costs" wording where the word "Damages" appears.

ABI-84 (6-08) Separate Defense Limit Endorsement is new.

The corresponding rates for endorsement ABI-84 have been submitted under separate cover as required by your Department.

22.	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]
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Check #: EFT
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



Scottsdale Indemnity Company

August 8, 2008

The Honorable Julia Benafield Bowman
Commissioner
Arkansas Department of Insurance
1200 W. Third Street
Little Rock AR 77201-1904

Re: Scottsdale Indemnity Company
NAIC #140-15580
FEIN # 31-1117969
Insurance Agents and Brokers Professional Liability Program
Form Filing
Company File Number: AB AR04158ICF01

Dear Commissioner Bowman:

Scottsdale Indemnity Company is filing one revised and one new endorsement for our Insurance Agents and Brokers Professional Liability program. We request an effective date concurrent with your Department's approval.

Please find attached the two following endorsements:

ABI-4 (7-08) Amend Exclusion A.5. Reinsurance Endorsement which replaces the (11-07) edition. The endorsement has been revised to add "or Defense Costs" wording where the word "Damages" appears.

ABI-84 (6-08) Separate Defense Limit Endorsement is new.

The corresponding rates for endorsement ABI-84 have been submitted under separate cover as required by your Department.

We hope you will be in a position to grant favorable consideration to this filing submission, however, should you need further information, please feel free to contact me on the toll free number or e-mail address listed below.

Sincerely,



Kristin Abbott
State Filings Analyst II
abbottk@scottsdaleins.com
(800) 423-7675 x3140
Encl.

P.O. Box 4110 Scottsdale, AZ 85261-4110 8877 N. Gainey Center Dr. Scottsdale, AZ 85258
(480) 365-3003 1-800-423-7675 x3140



A Nationwide® Company