

SERFF Tracking Number: WESA-125733480 State: Arkansas
Filing Company: United States Liability Insurance Company State Tracking Number: #29978 \$50
Company Tracking Number: PROF-NDO-08-36
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0006 Directors & Officers Liability
Product Name: Non-Profit Directors and Officers Liability Product
Project Name/Number: Submission of Revised Endorsements/PROF-NDO-08-36

Filing at a Glance

Company: United States Liability Insurance Company

Product Name: Non-Profit Directors and Officers Liability Product SERFF Tr Num: WESA-125733480 State: Arkansas

TOI: 17.0 Other Liability - Claims Made/Occurrence

SERFF Status: Closed

State Tr Num: #29978 \$50

Sub-TOI: 17.0006 Directors & Officers Liability

Co Tr Num: PROF-NDO-08-36

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Westmont Associates

Disposition Date: 08/06/2008

Date Submitted: 07/16/2008

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: Submission of Revised Endorsements

Status of Filing in Domicile: Pending

Project Number: PROF-NDO-08-36

Domicile Status Comments: Pending in PA

Reference Organization: None

Reference Number: None

Reference Title: None

Advisory Org. Circular: None

Filing Status Changed: 08/06/2008

State Status Changed: 08/06/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Enclosed you will find a form revision being filed for the Company's Non-Profit Directors and Officers Liability product. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

The Company is filing the attached two revised versions of form DO-224 (01/94), Sexual Abuse Exclusion Endorsement, for its currently filed and approved Non-Profit Directors and Officers Liability Insurance product:

SERFF Tracking Number: WESA-125733480 State: Arkansas
Filing Company: United States Liability Insurance Company State Tracking Number: #29978 \$50
Company Tracking Number: PROF-NDO-08-36
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DO-224A (07/08) Sexual Abuse Exclusion Endorsement
DO-224B (07/08) Patient Molestation Exclusion Endorsement

The endorsements have been updated to clarify the Company's intent. Please note that form DO-224A now also includes a child molestation exclusion. Form DO-224B adds the patient molestation exclusion and will only be used with the Company's nursing home class of business. Please note that there is no rate impact associated with the revisions and updates in the attached forms.

Your approval and/or acknowledgment of this submission is respectfully requested, with the earliest permissible effective date. Thank you for your attention to this matter.

Company and Contact

Filing Contact Information

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

Sherri Nierzwicki, Analyst sherri@westmontlaw.com
25 Chestnut Street (856) 216-0220 [Phone]
Haddonfield, NJ 08033 (856) 216-0303[FAX]

Filing Company Information

United States Liability Insurance Company CoCode: 25895 State of Domicile: Pennsylvania
25 Chestnut Street Group Code: 31 Company Type: Property and
Casualty

Suite 105
Haddonfield, NJ 08033 Group Name: State ID Number:
(856) 216-0220 ext. [Phone] FEIN Number: 23-1383313

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

SERFF Tracking Number: WESA-125733480 *State:* Arkansas
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Fee Explanation: AR filing fee.
Per Company: No

SERFF Tracking Number: WESA-125733480 State: Arkansas
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United States Liability Insurance Company	\$0.00	07/16/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
29978	\$50.00	07/14/2008

SERFF Tracking Number: WESA-125733480 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08/06/2008	08/06/2008

SERFF Tracking Number: WESA-125733480 *State:* Arkansas
Filing Company: United States Liability Insurance Company *State Tracking Number:* #29978 \$50
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Product Name: Non-Profit Directors and Officers Liability Product
Project Name/Number: Submission of Revised Endorsements/PROF-NDO-08-36

Disposition

Disposition Date: 08/06/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125733480 State: Arkansas
 Filing Company: United States Liability Insurance Company State Tracking Number: #29978 \$50
 Company Tracking Number: PROF-NDO-08-36
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	Side by Side Comparisons	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	SEXUAL ABUSE EXCLUSION ENDORSEMENT	Approved	Yes
Form	PATIENT MOLESTATION EXCLUSION ENDORSEMENT	Approved	Yes

SERFF Tracking Number: WESA-125733480 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	SEXUAL ABUSE EXCLUSION ENDORSEMENT	DO-224A	07 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 DO-224 (01/94) Previous Filing #:		DO-224A - SEXUAL ABUSE EXCL - final.pdf
Approved	PATIENT MOLESTATION EXCLUSION ENDORSEMENT	DO-224B	07 08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 DO-224 (01/94) Previous Filing #:		DO-224B - SEXUAL ABUSE EXCL - NURSING HOMES.pdf

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This Endorsement modifies insurance provided under the following:

**NON PROFIT DIRECTORS & OFFICERS LIABILITY
EMPLOYMENT PRACTICES LIABILITY**

SEXUAL ABUSE EXCLUSION ENDORSEMENT

It is hereby agreed:

I. Coverage Part A Non Profit Directors & Officers Liability, Section IV EXCLUSIONS, is amended to add the following:

O. any act of sexual misconduct, sexual molestation, or physical or mental abuse of any person.

II. Coverage Part B. Employment Practices Liability, is amended as follows:

Section III. DEFINITIONS, is amended to add the following:

W. “**Child Molestation**” means bodily injury, sickness, disease or death, mental anguish, pain and suffering, emotional trauma or similar emotional injury arising out of improper physical conduct of a sexual nature including sexual misconduct, sexual molestation or physical or mental abuse of a person under eighteen (18) years of age.

Section III. DEFINITIONS, S. “**Third Party Harassment**” is amended to add the following:

This definition does not include any **Claim** which in whole or part involves an allegation of “**Child Molestation**”.

Section IV. EXCLUSIONS, is amended to add the following:

M. any “**Child Molestation**” including alleged negligence in the hiring, supervision, training or management of a person alleged to have committed “**Child Molestation**” while in the care, custody or control of the **Insured**. Also excluded are any **Claims** based on the alleged negligence by any **Insured** in failing to report or failing to report on a timely basis, any acts of **Child Molestation** to the proper authorities.

All other terms and conditions of this Policy remain unchanged. This endorsement is a part of your Policy and takes effect on the effective date of your Policy unless another effective date is shown.

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This Endorsement modifies insurance provided under the following:

**NON PROFIT DIRECTORS & OFFICERS LIABILITY
EMPLOYMENT PRACTICES LIABILITY**

PATIENT MOLESTATION EXCLUSION ENDORSEMENT

It is hereby agreed:

I. Coverage Part A Non Profit Directors & Officers Liability, Section IV EXCLUSIONS, is amended to add the following:

O. any improper physical conduct of a sexual nature including sexual misconduct, sexual molestation, or physical or mental abuse of a patient.

II. Coverage Part B. Employment Practices Liability, is amended as follows:

Section III. DEFINITIONS, is amended to add the following:

W. “**Patient Molestation**” means bodily injury, sickness, disease or death, mental anguish, pain and suffering, emotional trauma or similar emotional injury arising out of improper physical conduct of a sexual nature including sexual misconduct, sexual molestation or physical or mental abuse of a patient.

Section III. DEFINITIONS, R. “**Third Party Discrimination**” and S. “**Third Party Harassment**” are amended to add the following:

This definition does not include any **Claim** which in whole or part involves an allegation of “**Patient Molestation**”.

Section IV. EXCLUSIONS, is amended to add the following:

M. any Claim arising or resulting directly or indirectly from “**Patient Molestation**”.

All other terms and conditions of this Policy remain unchanged. This endorsement is a part of your Policy and takes effect on the effective date of your Policy unless another effective date is shown.

SERFF Tracking Number: WESA-125733480 *State:* Arkansas
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Product Name: Non-Profit Directors and Officers Liability Product
Project Name/Number: Submission of Revised Endorsements/PROF-NDO-08-36

Rate Information

Rate data does NOT apply to filing.

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Company Tracking Number: PROF-NDO-08-36
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Product Name: Non-Profit Directors and Officers Liability Product
Project Name/Number: Submission of Revised Endorsements/PROF-NDO-08-36

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 08/06/2008

Comments:

Attachment:

AR NAIC.pdf

Satisfied -Name: Letter of Authorization **Review Status:** Approved 08/06/2008

Comments:

Attached is the Letter of Authorization

Attachment:

Westmont Authorization Letter.pdf

Satisfied -Name: Side by Side Comparisons **Review Status:** Approved 08/06/2008

Comments:

Attached are the side by side comparisons for both revised endorsements against the currently approved form.

Attachments:

DO-224A vs DO-224 Comparison.pdf

DO-224B vs DO-224 Comparison.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 08/06/2008

Comments:

Attached is the USLI Cover Letter

Attachment:

Cover Letter USLI.pdf

Property & Casualty Transmittal Document

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

3. Group Name	Group NAIC #

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #

5. Company Tracking Number	
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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

7. Signature of authorized filer	
8. Please print name of authorized filer	

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

9. Type of Insurance (TOI)	
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input 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: <input type="text"/> Renewal: <input type="text"/>
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input 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 #

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

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]

Check #:
Amount:

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.)

PC TD-1 pg 2 of 2

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 #	
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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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			<input 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		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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Rate Increase
 Rate Decrease
 Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
-----------	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	---	--

7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input 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	



UNITED STATES LIABILITY INSURANCE GROUP

A BERKSHIRE HATHAWAY COMPANY

190 South Warner Road, P.O. Box 6700, Wayne, PA 19087-4391
610.688.2535 888.523.5545 Fax 610.688.4391

1/7/2008

RE: United States Liability Ins Company: NAIC #0031-25895 FEIN#23-1383313
Mount Vernon Fire Insurance Company NAIC #0031-26522 FEIN#23-1575334
U.S. Underwriters Insurance Company NAIC #0031-35416 FEIN#23-2049904

Dear Sir or Madam,

In accordance with the applicable statutes and regulations of your state, Nancy Stepanski and Westmont Associates, Inc. is hereby authorized to file form, rate and rule filings on behalf of the above captioned companies.

Sincerely,

Mark Miller
State Filings Manager
United States Liability Insurance Group
190 South Warner Road
Wayne, PA 19087-2191

1.888.523.5545 X586
Fax: 610.688.4391
mmiller@usli.com

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This Endorsement modifies insurance provided under the following:

**NON PROFIT DIRECTORS & OFFICERS LIABILITY
EMPLOYMENT PRACTICES LIABILITY**

SEXUAL ABUSE EXCLUSION ENDORSEMENT

It is hereby agreed:

I. Coverage Part A Non Profit Directors & Officers Liability, Section IV EXCLUSIONS, is amended to add the following:

O. ~~It is hereby agreed that the **Company** shall not be liable to make any payment for **Loss** or **Defense Costs** in Connection with any **Claim** made against any **Insured** based upon, arising out of, directly or indirectly resulting from, in consequence of, or in any way involving any, any act of sexual misconduct, sexual molestation, or physical or mental abuse of any person.~~

II. Coverage Part B. Employment Practices Liability, is amended as follows:

Section III. DEFINITIONS, is amended to add the following:

W. “**Child Molestation**” means bodily injury, sickness, disease or death, mental anguish, pain and suffering, emotional trauma or similar emotional injury arising out of improper physical conduct of a sexual nature including sexual misconduct, sexual molestation or physical or mental abuse of a person under eighteen (18) years of age.

Section III. DEFINITIONS, S. “**Third Party Harassment**” is amended to add the following:

This definition does not include any **Claim** which in whole or part involves an allegation of “**Child Molestation**”.

Section IV. EXCLUSIONS, is amended to add the following:

M. any “**Child Molestation**” including alleged negligence in the hiring, supervision, training or management of a person alleged to have committed “**Child Molestation**” while in the care, custody or control of the **Insured**. Also excluded are any **Claims** based on the alleged negligence by any **Insured** in failing to report or failing to report on a timely basis, any acts of **Child Molestation** to the proper authorities.

All other terms and conditions of this Policy remain unchanged. This endorsement is a part of your Policy and takes effect on the effective date of your Policy unless another effective date is shown.

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This Endorsement modifies insurance provided under the following:

**NON PROFIT DIRECTORS & OFFICERS LIABILITY
EMPLOYMENT PRACTICES LIABILITY**

**SEXUAL ABUSE PATIENT MOLESTATION EXCLUSION
ENDORSEMENT**

It is hereby agreed:

I. Coverage Part A Non Profit Directors & Officers Liability, Section IV EXCLUSIONS, is amended to add the following:

~~O. It is hereby agreed that the **Company** shall not be liable to make any payment for **Loss** or **Defense Costs** in Connection with any **Claim** made against any **Insured** based upon, arising out of, directly or indirectly resulting from, in consequence of, or in any way involving any, act of any improper physical conduct of a sexual nature including sexual misconduct, sexual molestation, or physical or mental abuse of any person a patient.~~

II. Coverage Part B. Employment Practices Liability, is amended as follows:

Section III. DEFINITIONS, is amended to add the following:

W. "**Patient Molestation**" means bodily injury, sickness, disease or death, mental anguish, pain and suffering, emotional trauma or similar emotional injury arising out of improper physical conduct of a sexual nature including sexual misconduct, sexual molestation or physical or mental abuse of a patient.

Section III. DEFINITIONS, R. "**Third Party Discrimination**" and S. "**Third Party Harassment**" are amended to add the following:

This definition does not include any **Claim** which in whole or part involves an allegation of "**Patient Molestation**".

Section IV. EXCLUSIONS, is amended to add the following:

~~All other terms and conditions of this Policy remain unchanged. This endorsement is a part of your Policy and takes effect on the effective date of your Policy unless another effective date is shown.~~

M. any Claim arising or resulting directly or indirectly from “**Patient Molestation**”.

All other terms and conditions of this Policy remain unchanged. This endorsement is a part of your Policy and takes effect on the effective date of your Policy unless another effective date is shown.



July 15, 2008

The Department of Insurance
Property and Casualty Division
Forms Review Section

RE: United States Liability Insurance Company /NAIC #25895
Non-Profit Directors and Officers Liability Product
Form Revision Filing
Company Filing #: PROF-NDO-08-36
Effective Date: Upon Earliest Possible Approval

To Whom It May Concern:

Enclosed you will find a form revision being filed for the Company's Non-Profit Directors and Officers Liability product. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

The Company is filing the attached two revised versions of form DO-224 (01/94), Sexual Abuse Exclusion Endorsement, for its currently filed and approved Non-Profit Directors and Officers Liability Insurance product:

New Form Number	Form Title	Old Form Number
DO-224A (07/08)	Sexual Abuse Exclusion Endorsement	DO-224 (01/94)
DO-224B (07/08)	Patient Molestation Exclusion Endorsement	DO-224 (01/94)

The endorsements have been updated to clarify the Company's intent. Please note that form DO-224A now also includes a child molestation exclusion. Form DO-224B adds the patient molestation exclusion and will only be used with the Company's nursing home class of business. Please note that there is no rate impact associated with the revisions and updates in the attached forms.

Your approval and/or acknowledgement of this submission is respectfully requested, with the earliest permissible effective date. Thank you for your attention to this matter.

Respectfully Submitted,

Sherri Penn

Senior Analyst

sherri@westmontlaw.com

Enclosures

Cc: M. Miller