

SERFF Tracking Number: ACEH-125685424 State: Arkansas
 First Filing Company: ACE American Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 08-GL-2007715
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
 Product Name: 08-GL-2007715
 Project Name/Number: Endorsement Concerning Notice to ESIS/08-GL-2007715

Filing at a Glance

Companies: ACE American Insurance Company, ACE Fire Underwriters Insurance Company, ACE Indemnity Insurance Company, ACE Property & Casualty Insurance Company, Bankers Standard Fire & Marine Company, Bankers Standard Insurance Company, Indemnity Insurance Company of North America, Insurance Company of North America, Pacific Employers Insurance Company

Product Name: 08-GL-2007715 SERFF Tr Num: ACEH-125685424 State: Arkansas
 TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50
 Made/Occurrence
 Sub-TOI: 17.0000 Other Liability Sub-TOI Co Tr Num: 08-GL-2007715 State Status: Fees verified and received
 Combinations
 Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts
 Authors: Barb Niles, CPCU, ARP, Disposition Date: 09/30/2008
 Bob Wolfrom, Viola McBride
 Date Submitted: 06/10/2008 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: Endorsement Concerning Notice to ESIS Status of Filing in Domicile:
 Project Number: 08-GL-2007715 Domicile Status Comments:
 Reference Organization: Reference Number:
 Reference Title: Advisory Org. Circular:
 Filing Status Changed: 09/30/2008
 State Status Changed: 07/16/2008 Deemer Date:
 Corresponding Filing Tracking Number:
 Filing Description:

We are filing ALL24984 (05/08) Endorsement Concerning Notice To ESIS, Inc. at the request of our insureds that use ESIS (a third party administrator and a member of the ACE Group of Companies) to administer their claims. The endorsement clarifies the policy concerning Notice Of Loss, and states that notice to ESIS will satisfy notice to ACE

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under the policy to which the endorsement is attached.

Company and Contact

Filing Contact Information

Robert Wolfrom, CPCU, Regulatory Specialist robert.wolfrom@ace-ina.com
 436 Walnut Street (215) 640-5123 [Phone]
 Philadelphia, PA 19106 (215) 640-4986[FAX]

Filing Company Information

| | | |
|--------------------------------|-----------------|---------------------------------|
| ACE American Insurance Company | CoCode: 22667 | State of Domicile: Pennsylvania |
| PO Box 1000 | Group Code: 626 | Company Type: |

| | | |
|-----------------------------|-------------------------|------------------|
| 436 Walnut Street | Group Name: | State ID Number: |
| Philadelphia, PA 19106 | FEIN Number: 95-2371728 | |
| (215) 640-5123 ext. [Phone] | ----- | |

| | | |
|---|-----------------|---------------------------------|
| ACE Fire Underwriters Insurance Company | CoCode: 20702 | State of Domicile: Pennsylvania |
| PO Box 1000 | Group Code: 626 | Company Type: |

| | | |
|-----------------------------|-------------------------|------------------|
| 436 Walnut Street | Group Name: | State ID Number: |
| Philadelphia, PA 19106 | FEIN Number: 06-6032187 | |
| (215) 640-5123 ext. [Phone] | ----- | |

| | | |
|---------------------------------|-----------------|---------------------------------|
| ACE Indemnity Insurance Company | CoCode: 10030 | State of Domicile: Pennsylvania |
| PO Box 1000 | Group Code: 626 | Company Type: |

| | | |
|-----------------------------|-------------------------|------------------|
| 436 Walnut Street | Group Name: | State ID Number: |
| Philadelphia, PA 19106 | FEIN Number: 92-0040526 | |
| (215) 640-5123 ext. [Phone] | ----- | |

| | | |
|---|-----------------|---------------------------------|
| ACE Property & Casualty Insurance Company | CoCode: 20699 | State of Domicile: Pennsylvania |
| PO Box 1000 | Group Code: 626 | Company Type: |

| | | |
|-----------------------------|-------------------------|------------------|
| 436 Walnut Street | Group Name: | State ID Number: |
| Philadelphia, PA 19106 | FEIN Number: 06-0237820 | |
| (215) 640-5123 ext. [Phone] | ----- | |

| | | |
|--|---------------|---------------------------------|
| Bankers Standard Fire & Marine Company | CoCode: 20591 | State of Domicile: Pennsylvania |
|--|---------------|---------------------------------|

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Two Liberty Place Group Code: 626 Company Type:
 P.O. Box 41484
 Philadelphia, PA 19101-1484 Group Name: State ID Number:
 (215) 640-2324 ext. [Phone] FEIN Number: 75-6014863

Bankers Standard Insurance Company CoCode: 18279 State of Domicile: Pennsylvania
 PO Box 1000 Group Code: 626 Company Type:
 436 Walnut Street
 Philadelphia, PA 19106 Group Name: State ID Number:
 (215) 640-5123 ext. [Phone] FEIN Number: 59-1320184

Indemnity Insurance Company of North America CoCode: 43575 State of Domicile: Pennsylvania
 America
 PO Box 1000 Group Code: 626 Company Type:
 436 Walnut Street
 Philadelphia, PA 19106 Group Name: State ID Number:
 (215) 640-5123 ext. [Phone] FEIN Number: 06-1016108

Insurance Company of North America CoCode: 22713 State of Domicile: Pennsylvania
 PO Box 1000 Group Code: 626 Company Type:
 436 Walnut Street
 Philadelphia, PA 19106 Group Name: State ID Number:
 (215) 640-5123 ext. [Phone] FEIN Number: 23-0723970

Pacific Employers Insurance Company CoCode: 22748 State of Domicile: Pennsylvania
 PO Box 1000 Group Code: 626 Company Type:
 436 Walnut Street
 Philadelphia, PA 19106 Group Name: State ID Number:
 (215) 640-5123 ext. [Phone] FEIN Number: 95-1077060

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Filing Fees

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

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|---------|----------------|---------------|
| ACE American Insurance Company | \$50.00 | 06/10/2008 | 20756881 |
| ACE Fire Underwriters Insurance Company | \$0.00 | 06/10/2008 | |
| ACE Indemnity Insurance Company | \$0.00 | 06/10/2008 | |
| ACE Property & Casualty Insurance Company | \$0.00 | 06/10/2008 | |
| Bankers Standard Fire & Marine Company | \$0.00 | 06/10/2008 | |
| Bankers Standard Insurance Company | \$0.00 | 06/10/2008 | |
| Indemnity Insurance Company of North America | \$0.00 | 06/10/2008 | |
| Insurance Company of North America | \$0.00 | 06/10/2008 | |
| Pacific Employers Insurance Company | \$0.00 | 06/10/2008 | |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|---------------|------------|----------------|
| Approved | Edith Roberts | 09/30/2008 | 09/30/2008 |

Objection Letters and Response Letters

| Objection Letters | | | | Response Letters | | |
|---------------------------------|---------------|------------|----------------|------------------|------------|----------------|
| Status | Created By | Created On | Date Submitted | Responded By | Created On | Date Submitted |
| Pending Industry Response | Edith Roberts | 09/02/2008 | 09/02/2008 | Bob Wolfrom | 09/19/2008 | 09/19/2008 |
| Pending Industry Response | Edith Roberts | 07/16/2008 | 07/16/2008 | Bob Wolfrom | 07/18/2008 | 07/18/2008 |

Amendments

| Item | Schedule | Created By | Created On | Date Submitted |
|---|----------|---------------|------------|----------------|
| Endorsement Form Concerning Notice To ESIS | | Viola McBride | 06/17/2008 | 06/17/2008 |

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Disposition

Disposition Date: 09/30/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

| | |
|---|--------|
| Overall Percentage Rate Indicated For This Filing | 0.000% |
| Overall Percentage Rate Impact For This Filing | 0.000% |
| Effect of Rate Filing-Written Premium Change For This Program | \$0 |
| Effect of Rate Filing - Number of Policyholders Affected | 0 |

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| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | Filing Memo | Approved | Yes |
| Form (revised) | Endorsement Concerning Notice To ESIS Inc.- Arkansas | Approved | Yes |
| Form | Endorsement Concerning Notice To ESIS | Approved | Yes |
| Form | Endorsement Concerning Notice To ESIS | Approved | Yes |

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Project Name/Number: Endorsement Concerning Notice to ESIS/08-GL-2007715

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/02/2008
Submitted Date 09/02/2008
Respond By Date

Dear Robert Wolfrom, CPCU,

This will acknowledge receipt of the captioned filing.

Please read first objection and respond. ESIS, Inc. may be the name, both those initials stand for something and it must have an address or something to identify. Otherwise, please withdraw. When we ask for amendments, we have a reason for doing so. Writing twice only delays approval.

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/19/2008
Submitted Date 09/19/2008

Dear Edith Roberts,

Comments:

Response 1

Comments: Attached is a replacement endorsement with the company's address added.

The formal name of the company, as noted on its incorporation papers, is in fact ESIS, Inc. At some point in its history before ACE acquired it, the initials may have stood for something but they do not now and we cannot refer to it other than its legal name.

Here is information about ESIS from the website:

ESIS,® Inc. provides contemporary and effective risk management services to clients in the U.S. and around the world. Maintaining a sharp focus on lowering our clients' total cost of loss, we take an innovative approach that delivers

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measurable results. ESIS' services are available through a preferred relationship with ACE Risk Management® or purchased separately for those clients that select insurance and claims management services independently. Our programs are customized, complementary and complete, and are valued by risk managers seeking greater control over their programs.

Key Products

- ESIS ImpactSM Workers Compensation claim management
- Automobile and General Liability claim management
- Global Risk Control Services: Health, safety, and environmental programs
- Global Claim Services
- Medical and Disability Management
- ESIS ExPOSM: provider selection tool
- Recovery Services International: recovery and subrogation
- Catastrophe and Crisis Management
- Analytics In ActionSM: demonstrated outcomes and continual program improvement
- Global RiskAdvantage® (RMIS): instant access to imaged claim documents and flexible reporting
- ESIS e-risk MANAGERSM: web-based application for managing risks and losses

For additional information, please visit www.esis.com.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

| Form Name | Form Number | Edition Date | Form Type | Action | Action Specific Data | Readability Score | Attach Document |
|--|-------------|--------------|----------------------------------|----------|----------------------|-------------------|--|
| Endorsement Concerning Notice To ESIS Inc.- Arkansas | LD-25207 | (09/08) | Endorsement/Amendment/Conditions | Replaced | | 0 | LD-25207_En dt Concernin g Notice to ESIS - AR.pdf |

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Previous Version

| | | | | | |
|---------------------------------------|-----------|---------|--------------------------------------|---|--|
| Endorsement Concerning Notice To ESIS | ALL-24984 | (05/08) | Endorsement/AmendmentNew /Conditions | 0 | ALL24984 _Endorsement Concernin g Notice to ESIS.pdf |
| Endorsement Concerning Notice To ESIS | ALL-24984 | (05/08) | Endorsement/AmendmentNew /Conditions | 0 | ALL24984 _Endorsement Concernin g Notice to ESIS.pdf |

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No Rate/Rule Schedule items changed.

Sincerely,
Barb Niles, CPCU, ARP, Bob Wolfrom, Viola McBride

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Project Name/Number: Endorsement Concerning Notice to ESIS/08-GL-2007715

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/16/2008
Submitted Date 07/16/2008
Respond By Date

Dear Robert Wolfrom, CPCU,

This will acknowledge receipt of the captioned filing.

This endorsement needs to more fully identify "ESIS". Such as the full name of the entity rather than by an acronym, and give address or at least city and state with phone number. As is, the Department cannot tell who and where this entity is, and the insured will have the same problem.

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/18/2008
Submitted Date 07/18/2008

Dear Edith Roberts,

Comments:

Response 1

Comments: ESIS, Inc is the full name and not an acronym. Since the insured is the party contracting with ESIS to handle their claims, they will have contact information already.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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Product Name: 08-GL-2007715
Project Name/Number: Endorsement Concerning Notice to ESIS/08-GL-2007715

No Rate/Rule Schedule items changed.

Sincerely,

Barb Niles, CPCU, ARP, Bob Wolfrom, Viola McBride

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Amendment Letter

Amendment Date:
 Submitted Date: 06/17/2008

Comments:

We inadvertently submitted an incorrect version of ALL-24984 (05/08), and have now attached the correct version of the form.

Changed Items:

Form Schedule Item Changes:

| Form Name | Form Number | Edition Date | Form Type | Action | Replaced Form # | Previous Filing # | Readability Score | Attachments |
|---------------------------------------|-------------|--------------|----------------------------------|--------|-----------------|-------------------|-------------------|--|
| Endorsement Concerning Notice To ESIS | ALL-24984 | (05/08) | Endorsement/Amendment/Conditions | New | | | 0 | ALL24984_Endorsement Concerning Notice to ESIS.pdf |

SERFF Tracking Number: ACEH-125685424 State: Arkansas
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Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|--|----------|--------------|---|--|-------------|--|
| Approved | Endorsement Concerning Notice To ESIS Inc.- Arkansas | LD-25207 | (09/08) | Endorsement/Amendment/Conditions Replaced | Replaced Form #:0.00 Previous Filing #: | | LD-25207_Endt Concerning Notice to ESIS - AR.pdf |

ENDORSEMENT CONCERNING NOTICE TO ESIS INC. - ARKANSAS

| | | | |
|---------------------------------------|---------------|--|-------------------------------|
| Named Insured | | | Endorsement Number |
| Policy Symbol | Policy Number | Policy Period <p style="text-align: center;">to</p> | Effective Date of Endorsement |
| Issued By (Name of Insurance Company) | | | |

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This Endorsement modifies insurance provided under the following:

- COMMERCIAL GENERAL LIABILITY COVERAGE PART**
- OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART**
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART**
- RAILROAD PROTECTIVE LIABILITY COVERAGE PART**
- NEW YORK SPECIAL PROTECTIVE HIGHWAY COVERAGE PART**
- BUSINESS AUTOMOBILE COVERAGE PART**
- GARAGE LIABILITY COVERAGE PART**
- TRUCKERS COVERAGE PART**
- MOTOR CARRIER COVERAGE PART**

For the purposes of satisfying your obligation to provide us with notice as set forth in:

1. The Condition entitled "Duties In The Event of Accident, Claim, Suit Or Loss,"; or
2. The Condition entitled "Duties In The Event of Occurrence, Offense, Claim or Suit,"; or
3. PART FOUR – YOUR DUTIES IF INJURY OCCURS

your timely provision of such notice to ESIS, Inc. as the claim servicing organization under the policy referenced above shall constitute notice to us. Contact: ESIS, Inc., 436 Walnut Street, Philadelphia, PA 19106.

Provision of such notice is subject to the following:

- 1) Notice to ESIS, Inc. will only constitute notice to us under the terms of the policy referenced above. You must provide separate notice under any and all other potentially applicable policies, even if that insurance is provided by an ACE company.
- 2) The purpose of this endorsement is solely to permit your first notice of a claim, occurrence, accident, injury, offense or suit to ESIS, Inc. to constitute first notice to us under the policy. This endorsement does not alter any of your other obligations under the policy, including but not limited to your obligation to cooperate with us and directly provide us with all information and documentation.
- 3) You agree to timely provide ESIS, Inc. with: (1) documentation supporting the accident, loss, offense, injury, claim or "suit", (2) all invoices for expenses as provided for under Supplementary Payments, if applicable, and (3) all requests or demands for payment of claims. You further agree that any payments for expenses, as provided for under Supplementary Payments, or for claims made within the deductible, if applicable, will be paid by ESIS, Inc.

All other terms, conditions, and provisions of the policy continue to apply.

Authorized Agent

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 09/30/2008

Comments:

Attachments:

NAIC Transmittal -AR.pdf
NAIC Forms Schedule.pdf

Satisfied -Name: Filing Memo **Review Status:** Approved 09/30/2008

Comments:

Attachment:

Filing Memo.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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></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 # |
| ACE INA | 626 |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # |
|--|----------|--------|------------|
| ACE American Insurance Company | PA | 22667 | 95-2371728 |
| ACE Fire Underwriters Insurance Company | PA | 20702 | 06-6032187 |
| ACE Property & Casualty Insurance Company | PA | 20699 | 06-0237820 |
| ACE Indemnity Insurance Company | PA | 10030 | 92-0040526 |
| Bankers Standard Insurance Company | PA | 18279 | 59-1320184 |
| Bankers Standard Fire & Marine Insurance Company | PA | 20591 | 75-6014863 |
| Indemnity Insurance of North America | PA | 43575 | 06-1016108 |
| Insurance Company of North America | PA | 22713 | 23-0723970 |
| Pacific Employers Insurance Company | PA | 22748 | 95-1077060 |

| | |
|-----------------------------------|---------------|
| 5. Company Tracking Number | 08-GL-2007715 |
|-----------------------------------|---------------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|-----------|--|----------------------|---|----------------|---------------------------|
| | Viola McBride 510 Walnut Street, WB04G Philadelphia, PA 19106 | Regulatory Associate | (215) 640-5238 | (215) 640-4986 | viola.mcbride@ace-ina.com |
| | | | | | |
| 7. | Signature of authorized filer | |  | | |
| 8. | Please print name of authorized filer | | Viola McBride | | |

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

| | | |
|------------|--|--|
| 9. | Type of Insurance (TOI) | Other Liability |
| 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 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 |

Property & Casualty Transmittal Document---

| | | |
|------------|---|---|
| 15. | Reference Filing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16. | Reference Organization (if applicable) | |
| 17. | Reference Organization # & Title | |
| 18. | Company's Date of Filing | 06/10/08 |
| 19. | Status of filing in domicile | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

| | | |
|------------|--|--|
| 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] |
|------------|--|

We are filing ALL-24984 (05/08) Endorsement Concerning Notice To ESIS, Inc. at the request of our insureds that use ESIS (a third party administrator and a member of the ACE Group of Companies) to administer their claims. The endorsement clarifies the policy concerning Notice Of Loss, and states that notice to ESIS will satisfy notice to ACE under the policy to which the endorsement is attached.

The endorsement will be mandatory for all of our insureds that have contracted with ESIS to administer their claims.

| | |
|---|---|
| 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] |
| <p>Check #: EFT Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> | |

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

These pages are informational only and do not need to be submitted with your filings!

Notes for Uniform Property & Casualty Transmittal Document

DESCRIPTION OF ITEMS IN THE PROPERTY AND CASUALTY TRANSMITTAL DOCUMENT

- 1. Reserved for Insurance Dept. Use Only**—this section is for anything the Dept. wishes to capture—such as date stamps, approval stamps, check routing numbers, accounting codes, etc.
- 2. Insurance Department Use Only Box:** Includes the following information: (It is up to the state to determine which, if any, of this info they wish to record—or it may be recorded in #1 box with stamps (for example))
 - a. Date the filing is received by the Insurance Dept.**
 - b. Analyst**—lead analyst who reviewed the filing and assigns final disposition
 - c. Disposition**—this is the disposition that the Dept. assigns—authorized, approved, filed, withdrawn, disapproved, informational only, etc.
 - d. Date of Disposition of the filing**—date filing is finished
 - e. Effective Date of the Filing**—date the filing goes into effect. This date may vary by state—it might be the “approval” date in some states. It might be the implementation date in some states. It might be the received date in some states. The Dept. should use the date that is applicable in their state.
 - f. State Filing #:** The number the state assigns to the filing (if applicable).
 - g. SERFF Filing #:** Some states may use SERFF to track paper filings and will use that SERFF assigned number.
 - h. Subject Codes** – This field is intended to capture one or more Subject Codes for states to track particular attributes of a filing, such as mold exclusions. The codes or terms used would be variable by state.
- 3. Group Name and Group NAIC #** as assigned by NAIC.
- 4. Company Name(s), State of Domicile, NAIC #, FEIN#, State #:** Every company to which this filing applies must be listed and the company information must be supplied, with the exception of the State # (the company specific code) if not available or not required by the filing jurisdiction. A filing that lists a group without supplying company info will not be accepted in most states.
- 5. Company Tracking Number:** The filing number assigned by the insurance company, if any.
- 6. Contact Info of Filer or Corporate Officer:** The company should supply the information on the person the state should contact if there is a question/problem with the filing. If there is more than one person (perhaps, one for rates, one for forms) then both should be listed.
- 7. Signature of authorized filer:** Some states require a signature of the authorized filer. If the filer is third party, a letter of authorization from the insurer must be submitted according to state requirements.
- 8. Please print name of authorized filer:** So we can decipher #7 above!
- 9. Type of Insurance (TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Type of Insurance” and roughly corresponds to the annual statement line of business.
- 10. Sub-type of Insurance (Sub-TOI):** Refer to Uniform Property & Casualty Product Coding Matrix. This corresponds to the column entitled “SERFF Sub-Type of Insurance”.
- 11. State Specific Product code(s):** See State Specific Requirements for these codes
- 12. Company Program Title:** Marketing title, if applicable.
- 13. Filing Type:** Choices are Rate/Loss Cost; Rules; Rates/Rules; Forms; Withdrawal; Other.

14. Effective Date Requested: This is the effective date the company requested when they made the filing. It is not necessarily the date the filing officially becomes effective. This is also where the company can indicate the different effective dates for new or renewal business.

15. Reference Filing: Yes/No

16. Reference Organization (if applicable): The name of the advisory organization—i.e. ISO, NCCI, AAIS, etc. or an Insurance Company name if “me too filing” is permitted. Some states allow companies to reference another company’s filing. A “me too” filing is when one company adopts another company’s filing. Usually they are not part of the same group. You should check with each state to determine their rules on these filings. If permitted, use this area to indicate either an advisory organization name or “me too” company name.

17. Reference Organization Number & Title (if applicable): This is the unique number that the reference organization gives to the filing. It is generally not the same number as the circular number.

18. Company’s Date of filing: The date the company sends the filing.

19. Status of filing in domicile: Place for the company to show if filing has been filed in domicile and its status.

20. This filing transmittal is part of Company Tracking #: This ties all of the pages of the transmittal to the same filing. It is helpful for the state.

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: Please refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

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 # | 08-GL-2007715 | | | |
| 2. | This filing corresponds to rate/rule filing number <small>(Company tracking number of rate/rule filing, if applicable)</small> | | | | |
| 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 | Endorsement Concerning Notice to ESIS, Inc. | ALL-24984 (05/08) | <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 | | |

Effective March 1, 2007

This page is informational only and do not need to be submitted with your filings!

**Notes for Form Filing Transmittal
DESCRIPTION OF ITEMS IN THE FORM FILING SCHEDULE**

FORM FILING SCHEDULE

- 1. This filing transmittal is part of Company Tracking #:** This ties all of the pages of the transmittal to the same filing. It is helpful for the state
- 2. This filing corresponds to rate/rule filing number:** Many states require that rates and forms be submitted separately due to different review procedures that are required by law. For those states, this will tie the form filing with the associated rate filing, if there is one.
- 3. Exhibit/Form Name/Description/Synopsis:** This is a list of forms being filed. **Do not refer to the body of the filing for a separate forms listing, unless allowed by state. This is required information and is required here.** The line numbers below this are to help the Departments that track the number of forms they receive.

Filing Memorandum

The purpose of this filing is to seek approval of a new independent endorsement, ALL24984 5.08 ENDORSEMENT CONCERNING NOTICE TO ESIS, INC.

ESIS, Inc. is a third party administrator and a member of the ACE Group of Companies. We are filing this endorsement at the request of our insureds that use ESIS to administer their claims. The endorsement clarifies the policy concerning Notice Of Loss and states that notice to ESIS will satisfy notice to ACE under the policy to which the endorsement is attached. The endorsement will be mandatory for all of our insureds that have contracted with ESIS to administer their claims.

Broadens Coverage.

There is no premium charge for this endorsement.

We wish to begin using this endorsement as soon as possible and appreciate your approval using the earliest effective date possible.

SERFF Tracking Number: ACEH-125685424 State: Arkansas
 First Filing Company: ACE American Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 08-GL-2007715
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
 Product Name: 08-GL-2007715
 Project Name/Number: Endorsement Concerning Notice to ESIS/08-GL-2007715

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Original Date: | Schedule | Document Name | Replaced Date | Attach Document |
|------------------|----------|--|---------------|---|
| No original date | Form | Endorsement Concerning Notice To ESIS | 06/17/2008 | ALL24984_Endor sement Concerning Notice to ESIS.pdf |
| No original date | Form | Endorsement Concerning Notice To ESIS | 06/06/2008 | ALL24984_Endor sement Concerning Notice to ESIS.pdf |

ENDORSEMENT CONCERNING NOTICE TO ESIS INC.

| | | | |
|---------------------------------------|---------------|---------------------|-------------------------------|
| Named Insured | | | Endorsement Number |
| Policy Symbol | Policy Number | Policy Period to | Effective Date of Endorsement |
| Issued By (Name of Insurance Company) | | | |

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This Endorsement modifies insurance provided under the following:

- COMMERCIAL GENERAL LIABILITY COVERAGE PART**
- OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART**
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART**
- RAILROAD PROTECTIVE LIABILITY COVERAGE PART**
- NEW YORK SPECIAL PROTECTIVE HIGHWAY COVERAGE PART**
- BUSINESS AUTOMOBILE COVERAGE PART**
- GARAGE LIABILITY COVERAGE PART**
- TRUCKERS COVERAGE PART**
- MOTOR CARRIER COVERAGE PART**

For the purposes of satisfying your obligation to provide us with notice as set forth in:

1. The Condition entitled "Duties In The Event of Accident, Claim, Suit Or Loss,"; or
2. The Condition entitled "Duties In The Event of Occurrence, Offense, Claim or Suit,"; or
3. PART FOUR – YOUR DUTIES IF INJURY OCCURS

your timely provision of such notice to ESIS, Inc. as the claim servicing organization under the policy referenced above shall constitute notice to us.

Provision of such notice is subject to the following:

- 1) Notice to ESIS, Inc. will only constitute notice to us under the terms of the policy referenced above. You must provide separate notice under any and all other potentially applicable policies, even if that insurance is provided by an ACE company.
- 2) The purpose of this endorsement is solely to permit your first notice of a claim, occurrence, accident, injury, offense or suit to ESIS, Inc. to constitute first notice to us under the policy. This endorsement does not alter any of your other obligations under the policy, including but not limited to your obligation to cooperate with us and directly provide us with all information and documentation.
- 3) You agree to timely provide ESIS, Inc. with: (1) documentation supporting the accident, loss, offense, injury, claim or "suit", (2) all invoices for expenses as provided for under Supplementary Payments, if applicable, and (3) all requests or demands for payment of claims. You further agree that any payments for expenses, as provided for under Supplementary Payments, or for claims made within the deductible, if applicable, will be paid by ESIS, Inc.

All other terms, conditions, and provisions of the policy continue to apply.

Authorized Agent

ENDORSEMENT CONCERNING NOTICE TO ESIS INC.

| | | | |
|---------------------------------------|---------------|---|-------------------------------|
| Named Insured | | | Endorsement Number |
| Policy Symbol | Policy Number | Policy Period <p style="text-align: center; margin: 0;">to</p> | Effective Date of Endorsement |
| Issued By (Name of Insurance Company) | | | |

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This Endorsement modifies insurance provided under the following:

For the purposes of satisfying your obligation to provide us with notice as set forth in:

1. The Condition entitled "Duties In The Event of Accident, Claim, Suit Or Loss,"; or
2. The Condition entitled "Duties In The Event of Occurrence, Offense, Claim or Suit,"; or
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All other terms, conditions, and provisions of the policy continue to apply.

Authorized Agent