

SERFF Tracking Number: *AGNY-125769623* *State:* *Arkansas*
Filing Company: *New Hampshire Insurance Company* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-08-EO-16*
TOI: *17.1 Other Liability - Claims Made Only* *Sub-TOI:* *17.1019 Professional Errors & Omissions Liability*

Product Name: *Professional Liability - NAIFA*
Project Name/Number: *Professional Liability insurance policy For Life And Accident & Helath Insurance Agencies Program/AIC-08-EO-16*

Filing at a Glance

Company: New Hampshire Insurance Company

Product Name: Professional Liability - NAIFA	SERFF Tr Num: AGNY-125769623	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: AIC-08-EO-16	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts
	Author: Joan Baskerville	Disposition Date: 09/02/2008
	Date Submitted: 08/11/2008	Disposition Status: Approved
Effective Date Requested (New): 09/11/2008		Effective Date (New):
Effective Date Requested (Renewal): 09/11/2008		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Professional Liability insurance policy For Life And Accident & Helath Insurance Agencies Program	Status of Filing in Domicile: Pending
Project Number: AIC-08-EO-16	Domicile Status Comments:
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 09/02/2008	
State Status Changed: 09/02/2008	Deemer Date:
Corresponding Filing Tracking Number: N/A	
Filing Description:	
The New Hampshire Insurance Company submits for your review and approval three new endorsements for use with its Professional Liability Policy For Life And Accident & Health Insurance Agencies Program (filing no. AIC-04-EO-19) on file with your Department.	

Please refer to the attached Forms Listing for information about the forms included in this submission.

SERFF Tracking Number: AGNY-125769623 State: Arkansas
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Company and Contact

Filing Contact Information

Joan Baskerville, joan.baskerville@aig.com
 175 Water Street, 17th Floor (212) 458-7084 [Phone]
 New York, NY 10038

Filing Company Information

New Hampshire Insurance Company	CoCode: 23841	State of Domicile: Pennsylvania
70 Pine Street	Group Code:	Company Type:
New York, NY 10270	Group Name:	State ID Number:
(212) 770-7000 ext. [Phone]	FEIN Number: 02-0172170	

Filing Fees

Fee Required? Yes
 Fee Amount: \$0.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New Hampshire Insurance Company	\$50.00	08/11/2008	21882287

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	09/02/2008	09/02/2008

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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
Supporting Document	Explanatory Memorandum	Approved	Yes
Supporting Document	Forms Listing	Approved	Yes
Form	Criminal Acts Exclusion	Approved	Yes
Form	Deductible Reduction Endorsement	Approved	Yes
Form	Regulatory Inquiry and Subpoena Expenses 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	Criminal Acts Exclusion	99132	7/08	Endorsement/Amendment/Conditions	New	0.00	99132 7_08 Criminal Acts Exclusion Endorsement 7-8-08.pdf
Approved	Deductible Reduction Endorsement	99133	7/08	Endorsement/Amendment/Conditions	New	0.00	99133 7_08 Deductible Reduction Endorsement 7-2-08.pdf
Approved	Regulatory Inquiry and Subpoena Expenses Endorsement	99134	7/08	Endorsement/Amendment/Conditions	New	0.00	99134 7_08 Regulatory Inquiry and Subpoena Expenses Endorsement 6-30-08.pdf

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective 12:01 a.m. _____ forms a part of

Policy No. _____ issued to

By

CRIMINAL ACTS EXCLUSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

**PROFESSIONAL LIABILITY INSURANCE POLICY FOR LIFE AND ACCIDENT & HEALTH
INSURANCE AGENCIES**

Paragraph (A) of Section **III. EXCLUSIONS** is deleted in its entirety and replaced with the following:

- (A) that result in any final judgment or final adjudication against any **Insured** based upon or arising out of any criminal, dishonest, fraudulent or malicious **Wrongful Act** or omission committed by the **Insured**. This exclusion does not apply to any **Insured** who is not so adjudged;

All other terms, conditions and exclusions of the policy remain the same.

Authorized Representative

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective 12:01 a.m. _____ forms a part of

Policy No. _____ issued to

By

DEDUCTIBLE REDUCTION ENDORSEMENT

This endorsement modifies insurance provided under the following:

PROFESSIONAL LIABILITY INSURANCE POLICY FOR LIFE AND ACCIDENT & HEALTH INSURANCE AGENCIES

Section **VI. DEDUCTIBLE** is deleted in its entirety and replaced with the following:

VI. DEDUCTIBLE

The **Company** shall only be liable for **Damages** and **Defense Costs** which are in excess of the deductible stated in Item 4 of the Declarations. The deductible shall apply to each **Wrongful Act** and shall be borne by the **Insured**. A single deductible amount shall apply to **Damages** and **Defense Costs** arising from all **Claims** alleging the same **Wrongful Act** or a series of interrelated **Wrongful Acts**.

The Deductible which applies to each **Wrongful Act** will be reduced by 50% if all the following conditions apply:

- A.** The **Named Insured** has been insured with the **Company** for a continuous three (3) year period as of the date the **Claim** is reported to the **Company**;
- B.** The **Claim** is made against an **Insured** who is a member in good standing of the National Association of Insurance and Financial Advisors, as of the date the **Claim** is reported to the **Company**; and
- C.** The **Claim** is made against an **Insured** who received a certificate of completion of the NAIFA Risk Management Program within the prior three years of the date the **Claim** is reported to the **Company**.

All other terms, conditions and exclusions of the policy remain the same.

Authorized Representative

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective 12:01 a.m.

forms a part of

Policy No.

issued to

By

REGULATORY INQUIRY AND SUBPOENA EXPENSES ENDORSEMENT

This endorsement modifies insurance provided under the following:

PROFESSIONAL LIABILITY INSURANCE POLICY FOR LIFE AND ACCIDENT & HEALTH INSURANCE AGENCIES

Paragraphs **C.** and **D.** are added to Section **I. INSURING AGREEMENTS** as follows:

C. Regulatory Inquiry

The **Company** will pay attorney fees, attorney costs and court costs on behalf of the **Insured** in response to the following types of investigations:

1. a state licensing board;
2. a self regulatory body;
3. a public oversight board; or
4. a governmental agency with authority to regulate **Professional Services**.

The most the Company will pay for such attorney fees and costs is \$5,000 per **Policy Period** regardless of the number investigations or number of **Insureds** subject to such investigations. There will be no deductible for payments made under this provision, and any such payments will not reduce the Limits of Liability as stated in the Declarations Page of this policy.

D. Subpoena Expenses

The Company will pay on behalf of the **Insured** for **Defense Costs** incurred in responding to a subpoena for documents or testimony first received by the **Insured** during the **Policy Period**, or an Extended Reporting Period, if applicable, arising solely from the **Insured** rendering **Professional Services** which have not resulted in a **Claim**.

The most the Company will pay for such **Defense Costs** is \$5,000 per **Policy Period**, regardless of the number of subpoenas received by the **Insured**. There will be no deductible for payments made under this provision, and any such payments will not reduce the Limits of Liability as stated in the Declarations Page of this policy.

All other terms, conditions and exclusions of the policy remain the same.

Authorized Representative

SERFF Tracking Number: *AGNY-125769623* *State:* *Arkansas*
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Company Tracking Number: *AIC-08-EO-16*
TOI: *17.1 Other Liability - Claims Made Only* *Sub-TOI:* *17.1019 Professional Errors & Omissions*
Liability

Product Name: *Professional Liability - NAIFA*
Project Name/Number: *Professional Liability insurance policy For Life And Accident & Helath Insurance Agencies Program/AIC-08-EO-16*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNY-125769623 State: Arkansas
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TOI: 17.1 Other Liability - Claims Made Only Sub-TOI: 17.1019 Professional Errors & Omissions Liability
Product Name: Professional Liability - NAIFA
Project Name/Number: Professional Liability insurance policy For Life And Accident & Helath Insurance Agencies Program/AIC-08-EO-16

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 09/02/2008

Comments:

Attachment:

AR - PCTD & PC FFS Forms.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 09/02/2008

Comments:

Attachment:

AR Cover Letter.pdf

Satisfied -Name: Explanatory Memorandum **Review Status:** Approved 09/02/2008

Comments:

Attachment:

Explanatory Memorandum.pdf

Satisfied -Name: Forms Listing **Review Status:** Approved 09/02/2008

Comments:

Attachment:

Form Listing (2).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: New Business Renewal Business f. State Filing #: g. SERFF Filing #: h. Subject Codes
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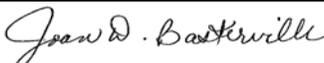
3. Group Name	Group NAIC #
American International Group, Inc.	012

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
New Hampshire Insurance Company	PA	23841	02-0172170	

5. Company Tracking Number	AIC-08-EO-16
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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
	Joan D. Baskerville 175 Water Street, 17 th Floor New York, NY 10038	State Filings Analyst	212-458-7084	212-458-7077	joan.baskerville@aig.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Joan D. Baskerville

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

9. Type of Insurance (TOI)	17.1 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	Other Liability
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	17.1000
12. Company Program Title (Marketing title)	Professional Liability Insurance Policy For Life And Accident & Health Insurance Agencies Program
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 11, 2008 Renewal: September 11, 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 11, 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 #	AIC-08-EO-16
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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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Three new endorsements for use with the Professional Liability Policy For Life And Accident & Health Insurance Agencies Program, that is currently on file with your Department. Please refer to the attached Forms Listing for information concerning these endorsements.

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.)**

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 #	AIC-08-CP-03
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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	Criminal Acts Exclusion Endorsement	99132 (7/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Deductible Reduction Endorsement	99133 (7/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Regulatory Inquiry and Subpoena Expenses Endorsement	99134 (7/08)	<input checked="" 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		

PC FFS-1



AIG Commercial Insurance
State Filings Department
175 Water Street, 17th Floor
New York, NY 10038
Tel: (212) 458-7084

August 11, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re:

NEW HAMPSHIRE INSURANCE COMPANY
NAIC # 012-23841 FEIN # 02-0172170
Professional Liability Insurance Policy For Life And Accident & Health Insurance Agencies Program
Our Filing No.: AIC-08-EO-16

Dear Commissioner Bowman:

The New Hampshire Insurance Company submits for your review and approval three new endorsements for use with its Professional Liability Policy For Life And Accident & Health Insurance Agencies Program (filing no. AIC-04-EO-19) on file with your Department.

Please refer to the attached Forms Listing for information about the forms included in this submission.

We wish to make this filing effective for all policies effective on or after September 11, 2008, or the earliest date permitted by your Department.

Your favorable consideration and approval are respectfully requested.

Sincerely yours,

A handwritten signature in cursive script that reads "Joan D. Baskerville".

Joan D. Baskerville
Filings Analyst
State Filings Department
Direct Dial: (212) 458-7084
Fax: (212) 458-7077
E-mail: joan.baskerville@aig.com

Explanatory Memorandum
AIC-08-EO-16
Professional Liability Insurance Policy For Life And Accident & Health Insurance Agencies
Program
Professional Liability

Submitted for your approval are three (3) new endorsements for the above program.

We are filing the following endorsements for your approval:

1. Criminal Acts Exclusion Endorsement – 99132

This mandatory endorsement modifies exclusion for criminal acts to give back coverage to insureds not involved in criminal acts.

There is no additional premium charge.

2. Deductible Reduction Endorsement – 99133

This mandatory endorsement reduces the deductible under various conditions stated in endorsement.

There is no additional premium charge.

3. Regulatory Inquiry And Subpoena Expenses Endorsement - 99134

This mandatory endorsement provides a sub-limit for regulatory inquiries and subpoena expenses.

There is no additional premium charge.

Forms Listing AIC-08-EO-16

	Form Title	Form No.	Form Type	New or Replacement	Form No. Being Replaced	Mandatory or Optional	Restricts, Broadens or Clarifies	Rate or Premium Impact	Description of Form
1	CRIMINAL ACTS EXCLUSION ENDORSEMENT	99132 (7/08)	E	N	N/A	M	B	No	Modifies exclusion for criminal acts to give back coverage to insureds not involved in criminal acts.
2	DEDUCTIBLE REDUCTION ENDORSEMENT	99133 (7/08)	E	N	N/A	M	B	No	Reduces deductible under various conditions stated in endorsement.
3	REGULATORY INQUIRY AND SUBPOENA EXPENSES ENDORSEMENT	99134 (7/08)	E	N	N/A	M	B	No	Provides sublimit for regulatory inquiries and subpoena expenses.
4									
5									

A = Application
 D = Declarations
 E = Endorsement
 P = Policy
 O = Other (Please explain)

Yes or No