

SERFF Tracking Number: AGNY-125802019 State: Arkansas
Filing Company: National Union Fire Insurance Company of Pittsburgh, Pa. State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-EPL-01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0010 Employment Practices Liability
Product Name: EPL Defense Shield 54166882372017002
Project Name/Number: EPL Defense Shield /AIC-08-EPL-01

Filing at a Glance

Company: National Union Fire Insurance Company of Pittsburgh, Pa.

Product Name: EPL Defense Shield SERFF Tr Num: AGNY-125802019 State: Arkansas

54166882372017002

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: EFT \$50

Made/Occurrence

Sub-TOI: 17.0010 Employment Practices Co Tr Num: AIC-08-EPL-01 State Status: Fees verified and received

Liability

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith Roberts

Authors: Nicole Todini, Walter

Murphy

Date Submitted: 09/03/2008 Disposition Date: 09/18/2008

Effective Date Requested (New): 09/03/2008

Disposition Status: Approved

Effective Date Requested (Renewal): 09/03/2008

Effective Date (New):

State Filing Description:

Effective Date (Renewal):

General Information

Project Name: EPL Defense Shield

Status of Filing in Domicile:

Project Number: AIC-08-EPL-01

Domicile Status Comments: This endorsement is being filed simultaneously in all states.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 09/18/2008

Deemer Date:

State Status Changed: 09/18/2008

Corresponding Filing Tracking Number:

Filing Description:

The referenced companies submit one (1) endorsement, Extended Reporting Period Elected Form No. 99511 (8/08), to be used with their EPL Defense Shield Program (the "Program"), which is on file with your Department (State Tracking No. EFT \$50/SERFF Tracking No. AGNY-125713638.)

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Company and Contact

Filing Contact Information

Walter Murphy, Filings Analyst
 175 Water Street
 New York, NY 10038
 Walter.Murphy@AIG.com
 (212) 458-2192 [Phone]
 (212) 458-7077[FAX]

Filing Company Information

National Union Fire Insurance Company of Pittsburgh, Pa.
 70 Pine Street
 New York, NY 10270
 (212) 770-7000 ext. [Phone]
 CoCode: 19445
 State of Domicile: Pennsylvania
 Group Code:
 Group Name:
 FEIN Number: 25-0687550

 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 Form Filing X \$50 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Union Fire Insurance Company of Pittsburgh, Pa.	\$50.00	09/03/2008	22266363

SERFF Tracking Number: AGNY-125802019 State: Arkansas
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Pittsburgh, Pa.
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	09/18/2008	09/18/2008

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Disposition

Disposition Date: 09/18/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms Listing	Approved	Yes
Form	Extended Reporting Period Elected	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Extended Reporting Period Elected	99511	8/08	Endorsement/Amendment/Conditions New		0.00	99511 (8-08) Extended Reporting Period Elected.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

EPL DEFENSE SHIELD®

EXTENDED REPORTING PERIOD ELECTED

In consideration of the additional premium of \$ [REDACTED], it is hereby understood and agreed that pursuant to the terms and conditions of **SECTION VII. CONDITIONS**, Sub-section **F. Extended Reporting Period**, as of 12:01 A.M. on [REDACTED] (“Effective Time”) this policy shall be amended as follows:

1. **SECTION VII. CONDITIONS**, Sub-section **F. Extended Reporting Period** is deleted in its entirety and replaced with the following:

F. Extended Reporting Period

You shall have the right to a period of [REDACTED] year(s) following the Effective Time (hereinafter referred to as the “Extended Reporting Period”) in which to give written notice to **us** of **Claims** first made against **you** during the Extended Reporting Period for any **Wrongful Employment Acts** occurring on or prior to the Effective Time and otherwise covered by this policy.

2. **SECTION VIII. CANCELLATION/NON-RENEWAL** is deleted in its entirety and replaced with the following:

SECTION VIII. CANCELLATION

This policy may not be canceled by or on the behalf of Named Insured or **us** except as stated below. **We** may only cancel this policy in the event of nonpayment of premium by the Named Insured (including the nonpayment of any additional premium for this endorsement).

We shall cancel this policy by delivering to the Named Insured or by mailing to the Named Insured, by registered, certified, or other first class mail, at the Named Insured address as shown in Item 1 of the Declarations, written notice stating when, not less than fifteen (15) days thereafter, the cancellation shall be effective. The mailing of such notice as aforesaid shall be sufficient proof of notice. The Policy Period (or Extended Reporting Period, as the case may be) terminates at the date and hour specified in such notice.

If the period of limitation relating to the giving of notice is prohibited or made void by any law controlling their construction thereof, such period shall be deemed to be amended so as to be equal to the minimum period of limitation permitted by such law.

The premium for this policy shall be fully earned at inception.

3. **SECTION VII. CONDITIONS**, Sub-section **G. Change in Control of Named Insured** is deleted in its entirety.
4. Notwithstanding any other provision of this policy, this policy shall not provide coverage for any **Wrongful Employment Act(s)** occurring after the Effective Time.

ALL OTHER TERMS, CONDITIONS, AND EXCLUSIONS REMAIN UNCHANGED.

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AUTHORIZED REPRESENTATIVE

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 09/18/2008

Comments:

Attachment:

PCTD-1_08-03-08.pdf

Satisfied -Name: Forms Listing **Review Status:** Approved 09/18/2008

Comments:

Attachment:

_Forms Listing_99511 (8-08).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

3. Group Name	Group NAIC #
American International Group, Inc.	012

4. Company Name(s)	Domicile	NAIC #	FEIN #	State#
National Union Fire Insurance Company of Pittsburgh, Pa.	PA	19445	25-0687550	

5. Company Tracking Number	AIC-08-EPL-01
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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
	Nicole Todini 175 Water St., 17 th Floor New York, NY 10038	Manager, State Filings	212-458-6070	212-458-6070	nicole.todini@aig.com

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

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)	17.0010 Employment Practices Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	EPL Defense Shield®
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: 09/03/2008 Renewal: 09/03/2008
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	08/03/2008
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-EPL-01
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The referenced company submits one (1) endorsement, Extended Reporting Period Elected Form No. 99511 (8/08), to be used with their EPL Defense Shield Program (the "Program"), which is on file with your Department (State Tracking No. EFT \$50/SERFF Tracking No. AGNY-125713638.)

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 #: N/A Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>

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-EPL-01			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
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	Extended Reporting Period Elected	99511 (8/08)	<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		

Forms Listing - EPL Defense Shield®

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
Extended Reporting Period Elected Endorsement	99511 (8/08)	E	NEW	N/A	Optional	Broadens	Yes	To provide optional years of Extended Reporting or discovery provisions of the policy for wrongful acts during the original Policy Period.
					A = Application			
					D = Declarations			
					E = Endorsement			
					P = Policy			
					O = Other (Please explain)			